

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90039 028 ***150.00

0347876

DOCUMENT # S84807

1. Entity Name
EXECUTIVE MORTGAGE SERVICES, INC.

Principal Place of Business

4802 GUNN HWY
 STE.#114
 TAMPA FL 33624

Mailing Address

4802 GUNN HWY
 STE.#114
 TAMPA FL 33624

70041073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8910 North Dale Mabry
 Suite, Apt. #, etc.
 32

3. Mailing Address

8910 North Dale Mabry
 Suite, Apt. #, etc.
 32

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number 59-3093086

Applied For
 Not Applicable

Zip

33614

Country

Hillsborough

Zip

33614

Country

Hillsborough

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SCHECHT, NEIL S.
 4830 W KENNEDY BLVD #280
 TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Bonnie Myers

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
 NAME MYERS, BONITA F.
 STREET ADDRESS 16108 BELLE MEADE BLVD
 CITY-ST-ZIP ODESSA FL

TITLE VSD ☐ Delete
 NAME MYERS, THOMAS L.
 STREET ADDRESS 16108 BELLE MEADE BLVD
 CITY-ST-ZIP ODESSA FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bonnie Myers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)