

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90955 047 ***150.00

DOCUMENT # J48607

1. Entity Name
EXCALIBUR ENGINEERING CORPORATION

Principal Place of Business 7650 COURTNEY CAMPBELL CAUSEWAY SUITE 1120 TAMPA FL 33607 US	Mailing Address 7650 COURTNEY CAMPBELL CAUSEWAY SUITE 1120 TAMPA FL 33777-1527 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2575 Ulmerton Rd Suite, Apt. #, etc. Ste 210	3. Mailing Address 2575 Ulmerton Rd Suite, Apt. #, etc. Ste 210
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City & State Clearwater FL	City & State Clearwater FL
Zip 33762	Zip 33762
Country US	Country U.S.

4. FEI Number 59-2748800	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, ELIZABETH K ESQ
7650 COURTNEY CAMPBELL CAUSEWAY
SUITE 1120
TAMPA FL 33607

Name: **Cherish Jones**
 Street Address (P.O. Box Number is Not Acceptable)
291 S McMullen Bosh Rd #34
~~Clearwater~~
 City: **Clearwater FL** Zip Code: **FL 33769**

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: **Cherish Jones** **Book keeper** **4/27/00**
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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete DAVIS, RICHARD C. 7650 COURTNEY CAMPBELL CAUSEWAY, #1120 TAMPA FL 33607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: **[Signature]** **4/27/00** **(727) 656-9955**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF - 014 (4/98)