

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
 03-01-2001 91328 037 ***150.00

DOCUMENT # P98000097219

1. Entity Name
EXCEL BUSINESS GROUP, INC.

Principal Place of Business Mailing Address
9900 LAKETREE COURT 9900 LAKETREE COURT
FT. MYERS FL 33912 FT. MYERS FL 33912

2. Principal Place of Business 3. Mailing Address
5020 Taylor ST 5020 Taylor ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Hollywood, FL Hollywood, FL
 Zip Country Zip Country
33021 BROWARD 33021 BROWARD

4. FEI Number **65-0876142** Applied For
 Not Applicable
 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
KOLTAK, MICHAEL C Name
9900 LAKETREE COURT **Koltak, Michael C**
FT. MYERS FL 33912 Street Address (P.O. Box Number is Not Acceptable)
5020 Taylor ST
 City **Hollywood** FL Zip Code **33021**

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 *Michael Koltak* (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. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOLTAK, MICHAEL C		NAME	5020 Taylor ST	
STREET ADDRESS	9900 LAKETREE COURT		STREET ADDRESS	Hollywood, FL	
CITY-ST-ZIP	FT. MYERS FL 33912		CITY-ST-ZIP	33021	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Michael Koltak* **2-20-01** **941-267-4413**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)