

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90147 035 ***550.00

DOCUMENT # P99000017026

1. Entity Name
EXCEL REALTY OF PALM HARBOR, INC.

Principal Place of Business
**736 SUNFLOWER DRIVE
 PALM HARBOR FL 34683**

Mailing Address
**3324 COBBS COURT
 PALM HARBOR FL 34684**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**3000 Gulf to Bay Blvd.
 Suite, Apt. #, etc.
 Suite 300**

3. Mailing Address
**736 Sunflower Dr
 Suite, Apt. #, etc.**

City & State
Clearwater FL

City & State
Palm Harbor FL

4. FEI Number **59-3558726**

Applied For
 Not Applicable

Zip
33759

Country
Pinellas

Zip
34683

Country
Pinellas

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

**PAVLICK, DAVID G
 736 SUNFLOWER DRIVE
 PALM HARBOR FL 34683**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David G Pavlick*
 Signature, typed or printed name of registered agent and title if applicable.

DAVID G Pavlick
 (NOTE: Registered Agent signature required when reinstating)

8/25/2002
 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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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	DP PAVLICK, DAVID G 736 SUNFLOWER DRIVE PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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 all other like empowered.

SIGNATURE: *David G Pavlick*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID G Pavlick

8/25/2002 (727)-773-1956
 Date Daytime Phone #

CR2E034 (4/02)