

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90046 026 ***150.00

DOCUMENT # 691064

1. Entity Name
EXCEL MORTGAGE COMPANY



Principal Place of Business
**3660 MAX PLACE
#203
BOYNTON BEACH FL 33436
US**

Mailing Address
**PO BOX 740345
BOYNTON BEACH FL 33474
US**



2. Principal Place of Business
7035 VESUVIO PLACE
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 740345
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
BOYNTON BEACH, FL
Zip
33437 Country
USA

City & State
BOYNTON BEACH, FL
Zip
33474 Country
USA

4. FEI Number **59-2115438**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FINE, GERALD E
3660 MAX PLACE #203
BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent

Name **GERALD E. FINE**
Street Address (P.O. Box Number is Not Acceptable)
7035 VESUVIO PLACE
City **BOYNTON BEACH FL** Zip Code **33437**

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

JAN - 6 2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	FINE, GERALD E.	
STREET ADDRESS	3660 MAX PLACE #203	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	PSD	<input checked="" type="checkbox"/> Delete
NAME	FINE, MARSHA H.	
STREET ADDRESS	3660 MAX PLACE #203	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERALD E. FINE	
STREET ADDRESS	7035 VESUVIO PLACE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHA H. FINE	
STREET ADDRESS	7035 VESUVIO PLACE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **GERALD E. FINE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03 561-737-2122

Date

Daytime Phone #

CR2E034 (10/02)