

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # F00000005176

1. Entity Name
EXCELL COMMUNICATIONS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 25 AM 8:00

Principal Place of Business
6247 AMBER HILLS RD
TRUSSVILLE AL 35173

Mailing Address
6247 AMBER HILLS RD
TRUSSVILLE AL 35173



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 63-1213973

Applied For
Not Applicable

Zip Country

Zip Country

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

☒ CHECK HERE IF MAKING CHANGES *MRD*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE ACCESS, INC.
236 EAST 6TH AVENUE
TALLAHASSEE FL 32303

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D
NAME WHITE, ROBERT S
STREET ADDRESS 6247 AMBER HILLS RD
CITY-ST-ZIP TRUSSVILLE AL 35173

TITLE P/D
NAME
STREET ADDRESS
CITY-ST-ZIP 900023338229

TITLE V
NAME ENZOR, THOMAS D
STREET ADDRESS 6247 AMBER HILLS RD
CITY-ST-ZIP TRUSSVILLE AL 35173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 03/25/03--01046--012 *\$1,050.00

TITLE T
NAME WHITE, LINDA K
STREET ADDRESS 6247 AMBER HILLS RD
CITY-ST-ZIP TRUSSVILLE AL 35173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/T
NAME WHITE, STEPHEN J
STREET ADDRESS 6247 AMBER HILLS RD
CITY-ST-ZIP TRUSSVILLE AL 35173

TITLE S/T
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Dan J. Seidel
STREET ADDRESS 6247 Amber Hills Road
CITY-ST-ZIP Trussville, AL 35173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME Michael A. Clark
STREET ADDRESS 6247 Amber Hills Road
CITY-ST-ZIP Trussville, AL 35173

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/23/03

205-956-0198 X201

Date Daytime Phone #

CR2E034 (4/03)