## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

F02000005008

1. Entity Name EXCÉL ENGINEERING, INC.



**FILED** Feb 04, 2003 8:00 am Secretary of State 02-04-2003 90131 050 \*\*\*158.75

Principal Place of Business 17747 AIRLINE HIGHWAY PRAIRIEVILLE LA 70769		Mailing Address 17747 AIRLINE HIGHWAY PRAIRIEVILLE LA 70769				\$ 1.000   1.00			
2. Principal Place of Business		3. Mailing Address				1   <b>     </b>	90111 00181 61111 001		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			$\dashv$	☐ CHECK HERE IF MAKING CHANGES			
City & State	е	City & State			4. 1	FEI Number 72-1329331	$\vdash$	Applied For Not Applicable	
Zip	Country	Country Zip C		Country 5.				8.75 Additional ee Required	
	6. Name and Address of Current	Registered Agent			7.1	Name and Address of New Registe	ered Agent		
O T CORPORATION OVOTEN				Name					
	PORATION SYSTEM ITH PINE ISLAND, ROAD	Street Address		ss (P.O. B	(P.O. Box Number is Not Acceptable)				
PLANTATI	ON FL 33324					,			
	÷			City			FL Zip Co	ode	
	named entity submits this statement fo ions of registered agent.	r the purpose of changing	its registere	ed office or regi	stered ag	ent, or both, in the State of Florida.	I am familiar wit	h, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Registere	d Agent signature rec	uired when re	einstating)	DATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of		<u> </u>			9. Election Campaign Financin Trust Fund Contribution.		.00 May Be led to Fees	
10.	OFFICERS AND	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP Delete ROBERTS, DAVID E 17747 AIRLINE HIGHWAY PRAIRIEVILLE LA 70769						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Delete KNOBLES, WILLIAM M JR 17747 AIRLINE HIGHWAY PRAIRIEVILLE LA 70769			1			☐ Change	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete			ran Ger		~ Thange	e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete				-	☐ Change	e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	e Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empt or on an attachment with an address,	s true and accurate and that owered to execute this repo	it my signa ort as requi	ture shall have t	he same	legal effect as if made under oath; tl	nat I am an offic	er or director	

SIGNATURE: LUIGNATURE BROWNER DE M. KLOCKES DE

1-30-2003

225-67798700