

2000 UNIFORM BUSINESS REPORT (UBR)

1

DOCUMENT # **FSN315**
 1. Entity Name
FT. EXCELL, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 DEC 22 PM 4:38

Principal Place of Business
249 SEABOARD AVE.
VENICE, FL 34292
USA

Mailing Address
P.O. Box 1004
VENICE, FL 34284-1004
USA

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
TOWERY, JERREI E.
333 S. TAMiami TRAIL
VENICE, FL 34285

7. Name and Address of New Registered Agent
 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.
 SIGNATURE **Jerrei E. Towery** **JERREI E. TOWERY** **12-13-00**
Signature typed or printed name of registered agent and title if applicable (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. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. 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

TITLE	STD	<input type="checkbox"/> Delete
NAME	COOKE NAOMI R.	
STREET ADDRESS	152 HOURGLASS DR.	
CITY-ST-ZIP	VENICE, FL 34293	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COOKE TOMMY K.	
STREET ADDRESS	152 HOURGLASS DR.	
CITY-ST-ZIP	VENICE, FL 34293	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300003890903--9	
STREET ADDRESS	--03/21/01--01080--027	
CITY-ST-ZIP	****150.00 ****150.00	
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		

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: **Naomi R. Cooke** **NAOMI R. COOKE** **12/13/00** **941-485-4914**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

(2)

Dear Sirs

I recently sent copies of our annual report & check we submitted back in April 2000. I also sent a letter with regard to our address change which we changed on our form but you say you never received. When I spoke to you on the phone you requested my copies plus a new check for 150.00 to replace the old check #4346. I failed to enclose the check so I am submitting again.

Thank
you

Any questions call me
at 941-485-6906

Will be on vacation
from 11/21 to 11/30

(Over)