

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

0434474 AV

DOCUMENT # F98000000328

1. Entity Name

XC CORPORATION OF NEW JERSEY

03-25-2002 90161 022 ***150.00

Principal Place of Business

**5008 W. LINEBAUGH AVE., #4
 TAMPA FL 33624**

Mailing Address

**5008 W. LINEBAUGH AVE., #4
 TAMPA FL 33624**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

22-2088855

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

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

**KELLEY, THOMAS
 5008 W. LINEBAUGH AVE., #4
 TAMPA FL 33624**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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: **PDC** Delete
 NAME: **KELLEY, THOMAS**
 STREET ADDRESS: **5008 W. LINEBAUGH AVE., #4**
 CITY-ST-ZIP: **TAMPA FL 33624**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **S** Delete
 NAME: **KELLEY, MAGDALENA**
 STREET ADDRESS: **5008 W. LINEBAUGH AVE., #4**
 CITY-ST-ZIP: **TAMPA FL 33624**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
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TITLE: Change Addition
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TITLE: Change Addition
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 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: Thomas W. Kelley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02

Date

813-908-2589

Daytime Phone #

CR2E034 (9/01)