

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90076 037 ***150.00

DOCUMENT # G14448
 1. Entity Name
XCELIDENT, INC.

Principal Place of Business 140 S. ATLANTIC AVE. STE #201 ORMOND BEACH FL 32176 US	Mailing Address 140 S. ATLANTIC AVE STE #201 ORMOND BEACH FL 32176-1705 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2270457		Applied For
		Not Applicable
5. Certificate of Status Desired - <input type="checkbox"/> - \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent

**STAMPER, STEPHEN W
 140 S ATLANTIC AVE
 ORMOND BEACH FL 32074**

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 _____ (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 \$150.00
After MAY 1, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	STAMPER, STEPHEN W, DDS	
STREET ADDRESS	2727 N. ATLANTIC AVE.	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHROEDER, THOMAS W DDS	
STREET ADDRESS	252 GULL DR	
CITY-ST-ZIP	DAYTONA BCH FL 32115	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FOX, HARVEY R DDS	
STREET ADDRESS	5303 JOHN ANDERSON HIGHWAY	
CITY-ST-ZIP	FLGLER BEACH FL 32136	
TITLE	S	<input type="checkbox"/> Delete
NAME	SNYDER, JOSEPH R DDS	
STREET ADDRESS	3777 S RIDGEWOOD AVENUE	
CITY-ST-ZIP	PORT ORANGE FL 32119	
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		
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		

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 names empowered.

SIGNATURE: Stephen W. Stamper **4/7/2000** **Daytime Phone #** _____