

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000214

1. Entity Name
EXCELSIS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 18 PM 11:02

Principal Place of Business
2160 HOWLAND BLVD.
DELTONA FL 32728

Mailing Address
2160 HOWLAND BLVD.
DELTONA FL 32728



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
810 COMMIED BLVD.
Suite, Apt. #, etc.
UNIT C

3. Mailing Address
P.O. BOX 1207
Suite, Apt. #, etc.

City & State
ORANGE CITY FL

City & State
DEBARY FL

Zip
32763

Zip
327

4. FEI Number 59-3630382

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
LA ROCHE, FRANK
2118 PUMPKIN PLACE
PALM BAY FL 32905

7. Name and Address of New Registered Agent
Name Harold Gene Artrip
Street Address (P.O. Box Number is Not Acceptable)
922 Cutter Road
City Longwood **FL** **Zip Code** 32779

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 Harold Gene Artrip Harold Gene Artrip 8/30/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MANAGING MEMBER	CONCEPCION ANAYAS, TRUSTEE	90 GODDARD DR.	DEBARY FL 32713	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		000003436860--5	-10/24/00--01061--013	<input type="checkbox"/>	<input type="checkbox"/>
		*****50.00	*****50.00	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CONCEPCION ANAYAS **SIGNATURE REQUIRED**, MANAGING MEMBER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date 8-30-00 Daytime Phone # 904 775 4777

CR2E083 (5/00)