

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90145 029 ***150.00

DOCUMENT # P00000043670

1. Entity Name

EXCELLENCE IN MOTION INC.

Principal Place of Business

**109 MIRAMAR AVE
 ROYAL PALM BEACH FL 33411**

Mailing Address

**109 MIRAMAR AVE
 ROYAL PALM BEACH FL 33411**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**SANTISI, SUSAN
 109 MIRAMAR AVE
 ROYAL PALM BEACH FL 33411**

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

Susan M. Santisi - **SUSAN M. SANTISI - President - 4/28/01**

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 \$150.00
 After MAY 1, 2001 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	PD	<input type="checkbox"/> Delete
NAME	SANTISI, SUSAN	
STREET ADDRESS	109 MIRAMAR AVE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SANTISI, JOSEPH	
STREET ADDRESS	109 MIRAMAR AVE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TRENT, DIANE S	
STREET ADDRESS	109 MIRAMAR AVE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TRENT, SAMUEL R JR	
STREET ADDRESS	109 MIRAMAR AVE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD + PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTISI, SUSAN	
STREET ADDRESS	109 MIRAMAR AVE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	SD + TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTISI, JOSEPH	
STREET ADDRESS	109 MIRAMAR AVE	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
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		

CR2E034 (10/00)

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph T Santisi Jr

Date

Daytime Phone #

4/28/01 861-795-1219