

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068170

1. Entity Name

EXCURSIONS RENTALS AND SALES, INC.

Principal Place of Business

700 NORTH GRIFFITH AVE.  
CRYSTAL RIVER FL 34429

Mailing Address

700 NORTH GRIFFITH AVE.  
CRYSTAL RIVER FL 34429

2. Principal Place of Business

425 B. N. CITRUS AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

CRYSTAL RIVER, FLA.

City & State

Zip

Country

34428

CITRUS

Zip

Country

4. FEI Number

59-3656802

Applied For

Not Applicable

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

MIKELL, BRUCE  
700 NORTH GRIFFITH AVE.  
CRYSTAL RIVER FL 34429

Name

MIKELL, LEONARD BRUCE

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

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

PRESIDENT  
MIKELL, LEONARD BRUCE  
700 N. GRIFFITH AVE.  
CRYSTAL RIVER, FL. 34429

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:

Leonard B. Mikell

LEONARD B. MIKELL

4/29/01

(352)795-5334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90466 013 \*\*\*150.00

00050138



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)