2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000043704

Mailing Address

7406 PALMER GLEN CIR

SARASOTA FL 34240

1. Entity Name

EXCEL HOMES INC.

Principal Place of Business

7406 PALMER GLEN CIR

SARASOTA FL 34240



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90226 036 ***150.00

10024/19



2. Principal Place of Business			3. Mailing Address) 18411691 Str Beint 11811 entil entil entil	#2111 215 1	11111 12 217 421		
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City &	City & State			4. Fi	65-1102191	Applied For Not Applicable			
Zip		Country	Zip	Zip		Country		Certificate of Status Desired LJ F		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent							7. N	ame and Address of New Regis	ered A	gent		
b. Name and Address distances						Name						
COLES, ANDREW M						Street Address (P.O. Box Number is Not Acceptable)						
7406 PALMER GLEN CIR						Direct Flor						
SARASOTA FL 34240												
						City	· · · · · · · · · · · · · · · · · · ·					
		- tit- this statement	for the purp	ose of changing its	registere	ed office or r	egistered age	ent, or both, in the State of Florida.	I am fa	amiliar with, a	and accept	
The above the obligation	named entity ions of registe	r submits this statement i ered agent.	ioi ine brib	ose of changing its	, , o g loto .	34 5/1105 -11	-9					
(iic obligati	10110 at 10g-11-											
SIGNATURE .	Signature typed o	or printed name of registered age	nt and title if app	licable. (NOT	E. Registere	d Agent signature	required when re	instating)	DATE			
										AF 0	0	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00								9. Election Campaign Financ Trust Fund Contribution.	ng [May Be to Fees	
Make Check	Payable to	Florida Department						DITIONS/CHANGES TO OFFICE	RS AND	DIRECTORS	S IN 11	
10.		OFFICERS AN	D DIRECTO		11.		AL	DDITIONS/CHANGES TO OIT ICE	10 /110	Change	☐ Addition	
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JII7 31 ZII						tina nto:	ted in Section	119 07(3)(i) Florida Statutes I fu	rther ce	rtify that the	information	

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIOH/WISTEQUIRECA.M. COLES

2/18/03

941-284-2516

Daytin

CR2E034 (10/02)