

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90134 033 ***158.75

DOCUMENT # **P01000120891**



1. Entity Name
EXCEL CONSTRUCTION SYSTEMS, INC.

Principal Place of Business
**2238 EDLEWEISS LOOP
TRINITY FL 34655**

Mailing Address
**2238 EDLEWEISS LOOP
TRINITY FL 34655**



2. Principal Place of Business
8811 SR. 52

3. Mailing Address
8811 SR. 52

Suite, Apt. #, etc.
Suite 26

Suite, Apt. #, etc.
Suite 26

City & State
Hudson, Fla.

City & State
Hudson, Fla.

4. FEI Number **01-0582542**

Applied For
 Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country
34667 USA

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34667 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**APPLEGATE, DAVID D
2238 EDLEWEISS LOOP
TRINITY FL 34655**

7. Name and Address of New Registered Agent

Name **David D. Applegate**
Street Address (P.O. Box Number is Not Acceptable)
8811 SR. 52
Suite 26
City **Hudson, Fla.** FL Zip Code **34667**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *David Applegate* **David Applegate**
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **1-20-03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	D	APPLEGATE, DAVID D	2238 EDLEWEISS LOOP	TRINITY FL 34655	<input type="checkbox"/>
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Applegate, David D.	8811 SR. 52 Ste 26	Hudson, Fla. 34667	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Applegate, Kimberly M.	8811 SR. 52 Ste 26	Hudson, Fla. 34667	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Applegate* **David Applegate** DATE: **1-20-03** DAYTIME PHONE #: **(727) 862-8199**

CR2E034 (10/02)