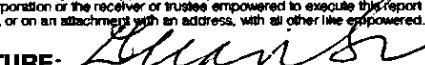


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90331 046 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000009061			
1. Entity Name SALESEXCEL, INC.			
Principal Place of Business 2677 SOUTH OCEAN BOULEVARD 3A BOCA RATON, FL 33432		Mailing Address 2677 SOUTH OCEAN BOULEVARD 3A BOCA RATON, FL 33432	
2. Principal Place of Business 130 FOURTH AV. NO. Suite, Apt. #, etc. 702 City & State ST. PETERSBURG		3. Mailing Address 130 FOURTH AV. NO. Suite, Apt. #, etc. 702 City & State ST. PETERSBURG	
Zip 33701	Country PINELLAS	Zip 33701	Country PINELLAS
4. Name and Address of Current Registered Agent SIMMONS, ELEANOR 2677 SOUTH OCEAN BLVD. 3A BOCA RATON, FL 33432		4. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 130 FOURTH AV. NO. 702 City ST. PETERSBURG FL Zip Code 33701	
5. 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:  DATE: 4-29-03 (NOTE: Registered Agent's signature required when removing)			
6. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		7. 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 PRES. RICHARD SIMMONS 130 4TH AV. NO. ST. PETERSBURG 33701		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG 33701		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP EVP ELEANOR SIMMONS 130 4TH AVE. NO. ST. PETERSBURG 33701		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG 33701		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 507, 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:  DATE: 4-29-03		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	