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.

11030453

Principal Place of Business	Mailing Address
2677 SOUTH OCEAN BOULEVARD 3A BOCA RATON, FL 33432	2677 SOUTH OCEAN BOULEVARD 3A BOCA RATON, FL 33432

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
130 FOURTH AV. NO	130 FOURTH AV NO.
Suite, Apt. #, etc.: 702	Suite, Apt. #, etc.: 702
City & State: ST PETERSBURG	City & State: ST PETERSBURG
Zip: 33701 Country: PINELLAS	Zip: 33701 Country: PINELLAS

4. FEI Number: 33-0994139 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SIMMONS, ELEANOR
2677 SOUTH OCEAN BLVD.
3A
BOCA RATON, FL 33432

7. 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

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: [signature] 4-29-03
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

~~Annual Report Fee $150.00~~
~~After May 1, 2003 Fee will be $500.00~~
~~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	PRES. RICHARD SIMMONS 130 4TH AV NO. ST. PETERSBURG 33701	☐ Delete	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	☐ 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
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CR2E034 (10/02)

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: [signature] 4-29-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #