

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

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90072 001 \*\*\*150.00

**DOCUMENT # P02000017658**



**1. Entity Name**  
EXCALIBER INTERNATIONAL, INC.

**Principal Place of Business**  
7317 LISMORE CT.  
ORLANDO FL 32835

**Mailing Address**  
200 E. ROBINSON ST., STE. 500  
ORLANDO FL 32801



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
75-3005712

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

HENDRY, STONER, DELANCETT & BROWN, P.A.  
200 E. ROBINSON ST., STE. 500.  
ORLANDO FL 32801

Name

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

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  Delete  
NAME **D**  
STREET ADDRESS **ROBINSON, JOE**  
CITY-ST-ZIP **7317 LISMORE CT.**  
**ORLANDO FL 32835**

TITLE  Delete  
NAME **VP/D**  
STREET ADDRESS  Change  Addition  
CITY-ST-ZIP

TITLE  Delete  
NAME **D**  
STREET ADDRESS **DUNSTON, MARK S**  
CITY-ST-ZIP **7317 LISMORE CT.**  
**ORLANDO FL 32835**

TITLE  Delete  
NAME **P/D**  
STREET ADDRESS  Change  Addition  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **S**  
STREET ADDRESS **ROBINSON, VIRGINIA M.**  
CITY-ST-ZIP **7317 LISMORE CT.**  
**ORLANDO, FL 32835**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-23-03

Date

407 294-0214

Daytime Phone #

CR2E034 (10/02)