FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State
04-29-2003 90070 004 ***150.00

DOCUMENT # P02000057799

1. Entity Name
X-ELLENT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7913 Washington Ave.	7913 Washington Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hastings, FL	City & State: Hastings, FL
Zip: 32145 Country: USA	Zip: 32145 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3041356 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**
Name O'Connell, W.H. CPA
Street Address (P.O. Box Number is Not Acceptable) 2200 N. Ponce De Leon Blvd. #10
City St. Augustine FL Zip Code 32084

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P	TITLE	
NAME	Szafraniec, Robert	NAME	
STREET ADDRESS	7913 Washington Ave.	STREET ADDRESS	
CITY-ST-ZIP	Hastings, FL 32145	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] ROBERT SZAFRANIEC 4-28-03 904-509-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #