

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000065124

FILED
Jan 10, 2003
Secretary of State

Entity Name: EXCEL JET AVIATION, INC.

Current Principal Place of Business:

4290 NW 113 AVE
CORAL SPRINGS, FL 33065

New Principal Place of Business:

4290 NW 113 AVE
CORAL SPRINGS, FL 33065 US

Current Mailing Address:

4290 NW 113 AVE
CORAL SPRINGS, FL 33065

New Mailing Address:

4290 NW 113 AVE
CORAL SPRINGS, FL 33065 US

FEI Number: 04-3686096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DISILVESTRO, ANTHONY
4290 NW 113 AVE
CORAL SPRINGS, FL 33065

Name and Address of New Registered Agent:

DISILVESTRO, ANTHONY R
4290 NW 113 AVE
CORAL SPRINGS, FL 33065

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.

SIGNATURE: ANTHONY R. DISILVESTRO

01/10/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DISILVESTRO, ANTHONY
Address: 4290 NW 113 AVE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: TOSTI, MAXIMILIAN
Address: 4290 NW 113TH AVE
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: TRE () Change (X) Addition
Name: DISILVESTRO, SUSAN J
Address: 4290 NW 113TH AVE
City-St-Zip: CORAL SPRINGS, FL 33065 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAXIMILIAN TOSTI

VP

01/10/2003

Electronic Signature of Signing Officer or Director

Date