2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

e e

| DOCUMENT # P0200068931 1. Entity Name EXCALIBUR SALES & MARKETING INC. | | | | FILED | | | |
|--|-------------------------------------|--|-------------------------------|---|------------------------|---------------|--|
| | | | | 03 MAR 19 PM 3: 52 | | | |
| Principal Place of Business 3410 CADE LANE VALRICO, FL 33594 | | Mailing Address -3410 CADE LANE -VALRICO, FL 33594 | | JECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
| 9 Principal C | Mana of Supings | 3 Mailing Address | | | | | |
| 2. Principal Place of Business 3. Mailing Address 3095 - H PRESIDE | | | ENTIAL DE | , | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | CHECK HERE IF MAKING O | HANGES | | | |
| City & State | | City & State ATLANTA, GEORGIA | | 4. FEI Number 73-164-7966 | | pplicable | |
| Zip | Country | 30340 ° | ountry | | 8.75 Additio | nal | |
| Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Ag | ent | | |
| KNOWLTO | N, HORACE A IV | | Name | Name | | | |
| 405 WEST AZEELE STREET TAMPA, FL 33606 | | | Street Address (| 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 | | | | | | | |
| FILE NOW!!! FEE 15:\$159:00 | | | | | | | |
| After May 1, 2003 Fee will be \$550100 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. | \$5.00 Added to | | |
| 10. | OFFICERS AND (| | 11. | ADDITIONS/CHANGES TO OFFICERS AND D | | | |
| TITLE NAME | D RICE, STEVEN R | A | TITLE Name | | _ | Addition 8 | |
| STREET ADDRESS CITY-ST-2P | 3410 CADE LANE VALRICO, FL 33594 | a | STREET ADDRESS COLY-ST-21P | 7000143805 03/19/0301070022 | 9 57 **185.0 | 00 3 | |
| TITLE | D | | TITLE | C | Change [| Addition | |
| NAME STREET ADDRESS | RICE, JAMES R 3410 CADE LANE | | NAME Street address | | | Ì | |
| CITY-ST-ZP | VALRICO, FL 33594 | | CNY-ST-ZIP | | | | |
| TITLE NAME | يهجر دخود | | TITLE NAME | | Change [| Addition | |
| STREET ADDRESS | } | 6 | STREET ADDRESS | | | (| |
| CITY-ST-ZIP | <u> </u> | | CITY-ST-ZIP | | | | |
| TITLE NAME | | | TITLE Name | L | Change [| Addition | |
| STREET ADDRESS | | . 8 | STREET ADDRESS | • | | ļ | |
| TITLE | | | CITY-ST-2IP | | Change [| Addition | |
| NAME | | _ · B | NAME | L | Thomas C | "I With the I | |
| STREET ADDRESS City-ST-2P | | 3. | STREET ADDRESS CRY-ST-21P | | | | |
| TITLE | | | ISLE | | Change [| Addition | |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | | | | |
| CITY-ST-ZP | | Į į | CITY-ST-ZIP | | | | |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3XI), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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. | | | | | | | |

3/13/300%

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR





Excalibur Sales & Marketing

Leaders in Quality, Excellence & Service

Office (800) 644-2822 • E-mail: www.excaliburmktg.com • 3095-H Presidential Drive • Atlanta, Georgia 30340

March 13, 2003

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Attached you will find the Uniform Business Report for Excalibur Sales & Marketing, Inc. along with a check for \$185.00. We have enclosed an additional \$35.00 because we would like to receive four Certificates of Status.

If you have any questions, please give me a call at (770) 451-8685 ext. 104.

Sincerely,

Elizabeth Rice

Excalibur Sales & Marketing

x.

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