2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000075856

Entity Name: XCEL ENTERPRISES U INC.

FILED Apr 28, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6117 ARDISIA ROAD N. JACKSONVILLE, FL 32209 **Current Mailing Address: New Mailing Address:** 6117 ARDISIA ROAD N. JACKSONVILLE, FL 32209 FEI Number: 01-0737882 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAMILTON, CARL JR. 2377 SCANLON DR. JACKSONVILLE, FL 32210 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change (X) Addition Title: () Delete Title: STANFIELD, MICHAEL D MR. Name: Name: 8445 BANDERA CIRCLE WEST Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32244 () Delete Title: Title: () Change (X) Addition Name: Name: BUSSEY, DEWANNA L MISS 6117 ARDISIA ROAD Address: Address: JACKSONVILLE, FL 32209 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition WHITE, JOHN DR. Name: Name: 5121 CATOMA APT C191 Address Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32210 Title: () Delete Title: () Change (X) Addition MCCRAY, CORINE MRS. Name: Name: Address: Address: 2377 SCANLON DRIVE City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32210 Title: Title: () Change (X) Addition () Delete HEATH, MARIE MRS. Name: Name: Address: Address: 1697 KINGS ROAD JACKSONVILLE, FL 32209 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: HAMILTON, CARL MR. Address: Address: 1244 WEST 24TH STREET City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32209

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: CARL HAMILTON JR. P 04/28/2003