

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-23-2003 90057 030 ***150.00

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DOCUMENT # P02000096963

1. Entity Name
EXCELLENCE IN PROCESSING, INC.



Principal Place of Business

19326 AQUA SPRINGS DR
LUTZ FL 33558

Mailing Address

19326 AQUA SPRINGS DR
LUTZ FL 33558

See Below

See Below



2. Principal Place of Business

3820 Northdale Blvd.

3. Mailing Address

3820 Northdale Blvd.

Suite, Apt. #, etc.

SUITE 205E

Suite, Apt. #, etc.

#205E

City & State

Tampa, FL

City & State

Tampa Florida

Zip

33624 USA

Zip

33624 USA

4. FEI Number

20-0001733

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4 FLR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name Cheryl Kaufman

Street Address (P.O. Box Number is Not Acceptable)

3820 Northdale Blvd. #205E

City

TAMPA, FL

FL

Zip

33624

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

Cheryl Kaufman

4/30/03

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	DPST	<input type="checkbox"/> Delete
NAME	KAUFMAN, CHERYL B	
STREET ADDRESS	19326 AQUA SPRINGS DR	
CITY-ST-ZIP	LUTZ FL 33558	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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, I am empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cheryl B Kaufman

4/30/03 813-265-8900

Date

Daytime Phone #

CR2E034 (10/02)