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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

08-18-2003 90175 038 ***150.00
P02000129993

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000129993

1. Entity Name
EXCENTRICITIES SOUTH, INC.



Principal Place of Business
301 NE 2ND AVE.
DELRAY BEACH FL 33442

Mailing Address
301 NE 2ND AVE.
DELRAY BEACH FL 33442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
04-3728091

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, CAROL
301 NE 2ND AVE.
DELRAY BEACH FL 33442

Name
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$550.00-
After September 10, 2003 Fee will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PVST			
	ADAMS, CAROL	301 NE 2ND AVE.	DELRAY BEACH FL 33442	
	D			
	ADAMS, CAROL	301 NE 2ND AVE.	DELRAY BEACH FL 33442	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/03 561-278-0586

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

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90151512
P 02000129993

**Mackail & Sterling
CPA's & Associates, P.A.**

Ron T. Mackail
Edward C. Sterling
Dawn Malone Siebrecht
Jean M. Crane
Jodi DiCocco

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(561) 881-1488
(561) 881-1490
Facsimile

August 7, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Excentricities South, Inc.

Dear Sir or Madam:

Please find enclosed a completed form for the above referenced taxpayer as well as a check in the amount \$150.00 representing the required fee. The taxpayer advised me that they just received this form in the mail and were uncertain of what to do. This is not the first time that we have had the Uniform Report come out at unusual times. We are aware that there was a bulk mailing in January or February, however, this is a new corporation. They were not incorporated until late in 2002, and I think that may have been the problem. However, in order to keep the corporation active and reinstated, please accept the enclosed check and the completed form for the said corporation.

If you should have any questions regarding this correspondence, please do not hesitate to contact me at your convenience.

In advance, I wish to thank you for your time, effort and cooperation.

Respectfully yours,

Jodi DiCocco

Jodi DiCocco
For the Firm

Enclosures

cc: Carol Adams