2002 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2002 8:00 am Secretary of State P19198 DOCUMENT # 1. Entity Name 04-18-2002 90488 004 ***150 EXCAL ENTERPRISES, INC. Mailing Address Principal Place of Business 100 N. TAMPA STREET 100 N. TAMPA STREET B0071347 STE. 3575 STE. 3575 TAMPA FL 33602 **TAMPA FL 33602** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2855398 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6: Name and Address of Current Registered Agent Name WEBB, W. CAREY Street Address (P.O. Box Number is Not Acceptable) 100 N. TAMPA STREET STE. 3575 Zip Code **TAMPA FL 33602** City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE ☐ Delete TIFLE NEWTON, R. PARK, III NAME STREET ADDRESS 100 N. TAMPA ST. STE. 3575 STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE WEBB, W. CAREY 🤄 NAME NAME STREET ADDRESS 100 N. TAMPA ST.STE. 3575 STREET ADDRESS CITY-ST-ZIP tampa fl CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE VST TITLE NAME BARNES, TIMOTHY R NAME STREET ADDRESS 100 N TAMPA ST, STE 3575 STREET ADDRESS CITY-ST-7IP TAMPA FL CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME CASKEY, JOHN L. NAME STREET ADDRESS POST OFFICE BOX 18682 N/A STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME **NEWTON, ARIS** NAME STREET ADDRESS 100 N. TAMPA ST. STE. 3575 STREET ADDRESS CITY-ST-ZIP tampa FL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed or on an attachment with an address, with all other like empowered.

FILED

SIGNATURE: