

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90131 012 \*\*\*150.00

**DOCUMENT # P34564**

1. Entity Name

**EXCEL CONVENTION SERVICES INCORPORATED**

Principal Place of Business

**4950 DISTRIBUTION DR  
 SUITE #250  
 TAMPA FL 33605  
 US**

Mailing Address

**P.O. BOX 42345  
 INDIANAPOLIS IN 46242-0345  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**35-1134437**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GREEN, JOHN E  
 3091 WINDRIDGE OAKS DRIVE  
 PALM HARBOR FL 34684**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **P**  
 STREET ADDRESS **SCHILLING, CHARLES**  
 CITY-ST-ZIP **5910 BENTON LANE  
 MARTINSVILLE IN**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **SCHILLING, JACQUELINE**  
 CITY-ST-ZIP **5910 BENTON LANE  
 MARTINSVILLE IN**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **V**  
 STREET ADDRESS **ELLIOT, DAVID**  
 CITY-ST-ZIP **PO BOX 42345  
 INDIANAPOLIS IN 46242-0345**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **S**  
 STREET ADDRESS **SCHILLING, ROBIN**  
 CITY-ST-ZIP **PO BOX 42345  
 INDIANAPOLIS IN 46242-0345**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **V-PRES HUMAN RESOURCES**  
 STREET ADDRESS **TIMOTHY E. PIERCE**  
 CITY-ST-ZIP **P.O. BOX 42345  
 INDIANAPOLIS, IN 46242**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **V-PRES CUSTOMER SERVICES**  
 STREET ADDRESS **SONJA E. WINSCOTT**  
 CITY-ST-ZIP **P.O. BOX 42345  
 INDIANAPOLIS, IN 46242**

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 titles empowered.

SIGNATURE:

*Timothy E. Pierce*  
**TIMOTHY E. PIERCE**

4/29/02 317-856-1300

Date

Daytime Phone #

CR2E034 (9/01)