2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State
07-18-2001 90261 001 ***150.00

DOCUMENT # P93000037946

1. Entity Name
EXCELL CONSTRUCTION SERVICES, INC.

Principal Place of Business	Mailing Address
13479 ORCHID CT WELLINGTON FL 33414 US	13479 ORCHID CT WELLINGTON FL 33414 US

C0073699

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0415028 ☐ 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
HOSTETLER, RONALD C. 13479 ORCHID CT WELLINGTON FL 33414	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 $550.00** **After September 12, 2001 Fee will be $750.00** **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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PT HOSTETLER, RONALD C 13479 ORCHID CT WELLINGTON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HOSTETLER, SHAUNA H. 13479 ORCHID CT WELLINGTON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JAN A. WOLFE, JR. 9038 GARDENS GLEN CIRCLE PALM BEACH GARDENS, FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Ronald C Hostetler RONALD C HOSTETLER 7/6/01 (561) 790-7120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/01)

2001 UNIFORM BUSINESS REPORT (UBR)

Attachment P93000037946
Doc# C00013699

DOCUMENT # P93000037946

1. Entity Name

EXCELL CONSTRUCTION SERVICES, INC.

Principal Place of Business	Mailing Address
13479 ORCHID CT WELLINGTON FL 33414 US	13479 ORCHID CT WELLINGTON FL 33414 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0415028 ☐ 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
HOSTETLER, RONALD C. 13479 ORCHID CT WELLINGTON FL 33414	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PT HOSTETLER, RONALD C 13479 ORCHID CT WELLINGTON FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HOSTETLER, SHAUNA H. 13479 ORCHID CT WELLINGTON FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JAN A. WOLFE, JR. 9038 GARDENS GLEN CIRCLE PALM BEACH GARDENS, FL 33410	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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.

SIGNATURE: Ronald C Hostetler RONALD C. HOSTETLER 2/14/01 (561) 790-7120

CLARKE AMERICAN

Attachment Doc # P93000037946 – C00736199

NUMBER	DATE	TRANSACTION DESCRIPTION	PAYMENT (–) WITHDRAWAL	✓	(–) FEE IF ANY	AMOUNT OF DEPOSIT	BALANCE
						BALANCE BROUGHT FORWARD →	6467 22
3771	1/30	BOY SCOUTS OF AMERICA DONATION	104 00				104 00
							6363 22
3772	1/30	McCRANEY SERV. CTR. RENT	148 40				148 40
							6214 82
3773	1/30	PREFERRED CARPET CLN MAT'L	125 00				125 00
							6089 82
3774	1/30	SMARINSKY & O'GRADY MEDICAL EXP.	200 00				200 00
							5889 82
W/D	1/30	WORKER COMP W/D-AMCOMP	848 52				848 52
							5041 30
3775	1/30	ZURICH U.S. LIABILITY INS.	547 20				547 20
							4494 10
V	1/30	VOID #3764 SUB				245 00	245 00
							4739 10
3776	1/30	JACK WALSH CARPETS SUB	202 30				202 30
							4536 80
D	2/1	DEPOSIT INCOME				11234 00	11234 00
							15770 80
3777	2/1	AM EXP MAT'L. $3737.69	4932 39				4932 39
		FUEL/OIL $216.00 POSTAGE $110.00					10,838 41
		ENTERTAIN. $418.42 LUNCHES $167.25					
		OFFICE SUPP $283.03					
3778	2/1	PETTY CASH MAT'L. 207.90	287 17				287 17
		LUNCH 38.77 FUEL 40.50					10,551 24
1599	2/2	BANK of AMERICA 941 JAN.	99 56				99 56
							10,451 68
1600	2/2	HOWARD FRITZ PAYROLL	292 69				292 69
							10,158 99
D	2/5	DEPOSIT INCOME				2855 00	2855 00
							13,013 99
D	2/6	DEPOSIT INCOME				2500 00	2500 00
							15,513 99
3779	2/6	CITY OF WPB MAT'L	51 00				51 00
							15,462 99
1602	2/8	HOWARD FRITZ PAYROLL	459 71				459 71
							15,003 28
D	2/12	DEPOSIT INCOME	2683 75				2,683 75
							17,687 03
3780	2/12	ABLE PLUMBING SUB	168 43				168 43
							17518 60
3781	2/12	DEPT. of STATE LICENSE FEES	150 00				150 00
							17368 60
3782	2/12	CITI MAT'L.	1250 16				1250 16
							16,118 44

Attachment Doc # P93000037946
C00731099

Bank of America

Bank of America, N.A.
Regional Center
P.O. Box 31019
Tampa, FL 33631-3019

H

Account Reference Information
Account Number: 0016 1187 0529
Tax ID Number: 65-0415028
E 0 0 C Enclosures 36 61
Statement Period 0022884
02/01/01 through 02/28/01

00008624 4 AT 0.851 40 01904 001 SCM999 I 3
EXCELL CONSTRUCTION SERVICES INC
13479 ORCHID CT
WEST PALM BEACH FL 33414-8573

Customer Service:
Bank of America, N.A.
P.O. Box 25118
Tampa, Florida 33622-5118
Toll Free 1.888.BUSINESS(1.888.287.4637)

Business Economy Checking

Account Summary Information

Statement Period	02/01/01 through 02/28/01	Statement Beginning Balance	17,746.20
Number of Deposits/Credits	6	Amount of Deposits/Credits	25,272.95
Number of Withdrawals/Debits	37	Amount of Withdrawals/Debits	22,456.05
Number of Deposited Items	8	Statement Ending Balance	20,563.10
Number of Enclosures	36	Average Ledger Balance	21,824.32
Number of Days in Cycle	28	Service Charge	0.00

Deposits and Credits

Date Posted	Amount	Description	Bank Reference
02/01	11,234.00	Deposit	813207240892982
02/05	2,855.00	Deposit	813207340664435
02/06	2,500.00	Deposit	813207240791046
02/12	2,683.75	Deposit	813207240832476
02/20	5,015.20	Deposit	813207340252700
02/27	985.00	Deposit	813207740384410

Withdrawals and Debits

Checks

Check Number	Amount	Date Posted	Bank Reference	Check Number	Amount	Date Posted	Bank Reference
1599	99.56	02/27	813207340467350	3754 *	441.32	02/16	813106740872121
1600	292.69	02/06	813207540280025	3761 *	580.00	02/06	813106640693276
1602 *	459.71	02/09	813106740805564	3765 *	93.07	02/01	813106640199198
1603	379.20	02/20	813106640046545	3766	29.80	02/06	813100500532734
3737 *	525.00	02/21	813106640724982	3768 *	245.00	02/05	813106540553715
3740 *	1,295.00	02/16	813106640346664	3769	134.57	02/05	813106640024847
3747 *	835.28	02/06	813207440454615	3770	583.05	02/07	813008740723040
3750 *	1,159.75	02/02	813207540212926	3771	104.00	02/08	813207440478487
3752 *	2,248.25	02/06	813207540124270	3772	148.40	02/05	813106640134265

Attachment Doc# P93000037946 - C.0073099

Bank of America

Bank of America, N.A.
Regional Center
P.O. Box 31019
Tampa, FL 33631-3019

Account Reference Information
Account Number: 0016 1187 0529
Tax ID Number: 65-0415028
E 0 0 C Enclosures 36 61
Statement Period 002288
02/01/01 through 02/28/01

EXCELL CONSTRUCTION SERVICES INC

Business Economy Checking

Withdrawals and Debits - Continued

Checks

Check Number	Amount	Date Posted	Bank Reference	Check Number	Amount	Date Posted	Bank Reference
3773	125.00	02/09	813106540884436	3783	297.08	02/15	813207540806460
3774	200.00	02/06	813207540324146	3785 *	1,957.34	02/20	813106640770418
3775	547.20	02/08	813106740427374	3786	8.65	02/21	813106640910688
3776	202.30	02/06	813207540124271	3787	1,102.50	02/22	813207340568760
3777	4,932.39	02/05	813106540693927	3788	162.61	02/21	813106640866002
3778	287.17	02/05	813008940110668	3789	10.60	02/20	813101000714860
3779	51.00	02/12	813106540383523	3790	29.45	02/21	813106640830117
3780	168.43	02/16	813106640346670	3793 *	400.00	02/22	813106540540746
3782 *	1,250.16	02/16	813106640336799	3794	222.00	02/26	813207440123501

*** Preceding check (or checks) is outstanding, is included in summary listing, or has been included in a previous statement.**

Other Debits

Date Posted	Amount	Description	Bank Reference
02/01	848.52	Amcomp Preferred;Des=premium ;ID=701-8987-01 Eff Date: 010201;Indn:Excell Construction	902310322419734

Daily Ledger Balances

Date	Balance	Date	Balance	Date	Balance
02/01	28,038.61	02/08	20,863.76	02/20	22,127.87
02/02	26,878.86	02/09	20,279.05	02/21	21,402.16
02/05	23,986.33	02/12	22,911.80	02/22	19,899.66
02/06	22,098.01	02/15	22,614.72	02/26	19,677.66
02/07	21,514.96	02/16	19,459.81	02/27	20,563.10

Attachment Doc# P13000037946-C 00731699

Bank of America

Bank of America, N.A.
Regional Center
P.O. Box 31019
Tampa, FL 33631-3019

H

Account Reference Information
Account Number: 0016 1187 0529
Tax ID Number: 65-0415028
E 0 0 C Enclosures 30 61
Statement Period 0007512
03/01/01 through 03/31/01

00002828 3 AT 0.641 33 31904 001 SCM999 I 2
EXCELL CONSTRUCTION SERVICES INC
13479 ORCHID CT
WEST PALM BEACH FL 33414-8573

Customer Service:
Bank of America, N.A.
P.O. Box 25118
Tampa, Florida 33622-5118
Toll Free 1.888.BUSINESS(1.888.287.4637)

Business Economy Checking

Account Summary Information

Statement Period	03/01/01 through 03/31/01	Statement Beginning Balance	20,563.10
Number of Deposits/Credits	0	Amount of Deposits/Credits	0.00
Number of Withdrawals/Debits	31	Amount of Withdrawals/Debits	16,795.98
Number of Deposited Items	0	Statement Ending Balance	3,767.12
Number of Enclosures	30	Average Ledger Balance	11,001.35
Number of Days in Cycle	31	Service Charge	0.00

Withdrawals and Debits

Checks

Check Number		Amount	Date Posted	Bank Reference	Check Number		Amount	Date Posted	Bank Reference
3722		550.00	03/13	813207540485809	3805		116.24	03/09	813207240857308
3728	*	550.00	03/13	813207540485813	3806		233.73	03/16	813105940426524
3741	*	1,009.51	03/14	813105940738610	3807		241.80	03/09	813207240847822
3742		957.00	03/23	813106340481215	3808		21.19	03/12	813100400443097
3751	*	447.00	03/23	813106340481214	3809		175.72	03/14	813207740222702
3792	*	255.82	03/02	813106540751795	3810		100.53	03/23	813106640023965
3795	*	100.53	03/02	813106540601756	3811		547.20	03/26	813106040690777
3796		294.62	03/06	813207240241397	3812		1,195.25	03/23	813008140313515
3797		85.44	03/05	813207740199664	3813		2,849.72	03/26	813106740093687
3798		346.20	03/07	813105740683431	3814		43.72	03/28	813105740668294
3800	*	88.64	03/06	813106640331163	3815		102.00	03/21	813207340664279
3801		4,578.64	03/05	813105740717729	3817	*	98.42	03/26	813106640416783
3802		51.19	03/08	813106740316140	3818		95.40	03/22	813207540091690
3803		21.95	03/12	813106040730833	3819		290.03	03/26	813207540560905
3804		389.74	03/09	813106740781882	3820		110.23	03/29	813106740475968

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Attachment Doc# P13000037946 - C00723099

Bank of America

Bank of America, N.A.
Regional Center
P.O. Box 31019
Tampa, FL 33631-3019

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Account Reference Information
Account Number: 0016 1187 0529
Tax ID Number: 65-0415028
E 0 0 C Enclosures 17 6
Statement Period 0016
04/01/01 through 04/30/01

00006322 2 AT 0.477 23 01904 001 SCM999 I 4
EXCELL CONSTRUCTION SERVICES INC
13479 ORCHID CT
WEST PALM BEACH FL 33414-8573

Customer Service:
Bank of America, N.A.
P.O. Box 25118
Tampa, Florida 33622-5118
Toll Free 1.888.BUSINESS(1.888.287.4637)

Business Economy Checking

Account Summary Information

Statement Period	04/01/01 through 04/30/01	Statement Beginning Balance	3,767.12
Number of Deposits/Credits	3	Amount of Deposits/Credits	7,480.26
Number of Withdrawals/Debits	19	Amount of Withdrawals/Debits	8,398.81
Number of Deposited Items	5	Statement Ending Balance	2,848.57
Number of Enclosures	17	Average Ledger Balance	4,588.73
Number of Days in Cycle	30	Service Charge	15.00

Deposits and Credits

Date Posted	Amount	Description	Bank Reference
04/02	2,500.00	Deposit	813207340260952
04/10	3,980.26	Deposit	813207340190383
04/30	1,000.00	Deposit	813207340015086

Withdrawals and Debits

Checks

Check Number		Amount	Date Posted	Bank Reference	Check Number	Amount	Date Posted	Bank Reference
1601		421.80	04/30	813207340813967	3827	163.61	04/18	813106740366267
3767	*	320.00	04/30	813105940496411	3828	194.15	04/19	813105740286669
3799	*	550.00	04/30	813105940496410	3829	10.59	04/20	813101100588727
3821	*	297.89	04/02	813207340260924	3830	1,927.11	04/17	813106740546786
3822		277.00	04/05	813207740484070	3831	820.39	04/23	813105740892659
3823		21.95	04/09	813106640504640	3832	297.20	04/18	813207340312460
3824		77.03	04/05	813207740493021	3833	12.00	04/25	813106740723085
3825		121.39	04/06	813207740664042	3834	99.67	04/23	813105740080167
3826		1,923.51	04/09	813106640680645				

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Attachment
Doc# P01000037946
C00 [illegible]

EXCELL CONSTRUCTION SERVICES, INC.

July 6, 2001

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

To Whom It May Concern:

I recently received the Uniform Business Report form to file which surprised me as I had filed back in February. Apparently you have never received it as I checked my bank statements and the check written has not been cashed.

I called and spoke with Sean, and he told me to fill out the form and send it in with another check for $150. Additionally, I am also sending a copy of the form I mailed in in February, along with a copy of the check register and bank statements showing that the check was written but has not come back.

I am sending this by certified mail, return receipt to be sure you get it. In the event that the other form is received, please return it.

Sincerely,

Ronald C. Hostetler
President

RCH/fk

13479 Orchid Court, Wellington, FL 33414 Phone (561) 790-7120 Fax (561) 791-0996