

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000047036

1. Entity Name
EXCEL ASSOCIATES, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90055 004 ***150.00

Principal Place of Business

4341 EASTWOOD DR
SARASOTA FL 34232

Mailing Address

4341 EASTWOOD DR
SARASOTA FL 34232



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6100 SADDLE OAK TRAIL
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State
SARASOTA FLA.

City & State

4. FEI Number 59-3257999

Applied For
Not Applicable

Zip
34241

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

ROSSI, RONALD J
4341 EASTWOOD DR
SARASOTA FL 34232

Name ROSSI, RONALD J.
Street Address (P.O. Box Number Is Not Acceptable)
6100 SADDLE OAK TRAIL
City SARASOTA FL Zip Code 34241

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, 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 P
NAME ROSSI, RONALD J
STREET ADDRESS 1279 CORNISH CT.
CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
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.

SIGNATURE: *Ronald J Rossi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-15-01 Daytime Phone #

CR2E034 (10/00)