

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000040284

1. Entity Name
EXCALIBUR BUILDERS, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90149 024 ***550.00

Principal Place of Business
14 IROQUOIS TRAIL
ORMOND BEACH FL 32174

Mailing Address
14 IROQUOIS TRAIL
ORMOND BEACH FL 32174

2. Principal Place of Business

4 REMINGTON RD

3. Mailing Address

4 REMINGTON RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORMOND BCH. FL.

City & State

ORMOND BCH. FL.

4. FEI Number

65-0585055

Applied For

Not Applicable

Zip

32174

Country

FLAGLER

Zip

32174

Country

FLAGLER

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

GRANDE, DAVID
14 IROQUOIS TRAIL
ORMOND BEACH FL 33174

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 *David Grande*
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 13, 2000 Min. 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 P
NAME GRANDE, DAVID
STREET ADDRESS 14 IROQUOIS TRAIL
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

TITLE VP
NAME GRANDE, NANCY
STREET ADDRESS 14 IROQUOIS TRAIL
CITY-ST-ZIP ORMOND BEACH FL 32174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4 REMINGTON RD
CITY-ST-ZIP ORMOND BCH. FL 32174

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4 REMINGTON RD.
CITY-ST-ZIP ORMOND BCH. FL 32174

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

David Grande
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/00 (904) 299 6312
Date Daytime Phone #

CF-2E034 (5/00)