

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90061 012 ***150.00

DOCUMENT # P95000071747

1. Entity Name
XELANCE, INC.

Principal Place of Business

**3545 S OCEAN BLVD
 STE 615
 PALM BEACH FL 33480
 US**

Mailing Address

**3545 S OCEAN BLVD
 STE 615
 PALM BEACH FL 33480
 US**

2. Principal Place of Business

55 Yacht Club Place

Suite, Apt. #, etc.

3. Mailing Address

55 Yacht Club Place

Suite, Apt. #, etc.

City & State

Tequesta FL

City & State

Tequesta, FL

4. FEI Number

65-0686778

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WEINSTEIN, ESQ FRED
 1903 S OCEAN BLVD, STE 310
 BOYNTON BEACH FL 33426**

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	LOPASKY, MARK	
STREET ADDRESS	3545 S OCEAN BLVD, #615	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	V	<input type="checkbox"/> Delete
NAME	GUICHARD, VIRGINIA	
STREET ADDRESS	3545 S OCEAN BLVD, #615	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LOPASKY, KERRY A	
STREET ADDRESS	3545 SOUTH OCEAN BLVD, #615	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPASKY, MARK W.	
STREET ADDRESS	55 Yacht Club Place	
CITY-ST-ZIP	Tequesta FL 33469	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guichard, Virginia	
STREET ADDRESS	55 Yacht Club Place	
CITY-ST-ZIP	Tequesta FL 33469	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPASKY, KERRY A	
STREET ADDRESS	55 Yacht Club Place	
CITY-ST-ZIP	Tequesta FL 33469	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Mark Lopasky President

3/5/02

561-743-6666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)