

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-11-2003 90119 021 ***150.00

DOCUMENT # *P96600009499*

1. Entity Name

EXCELLENT OFFICES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9405 SW 89 ST

Suite, Apt. #, etc.

3. Mailing Address

9405 SW 89 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0638793

Applied For

Not Applicable

Zip
33176-1918

Country
USA

Zip
33176-1918

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name *JEFFREY A. LINCOLN*

Street Address (P.O. Box Number is Not Acceptable)

9405 SW 89 ST

City *MIAMI*

FL

Zip Code
33176

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jeffrey A. Lincoln **PRESIDENT**

April 9, 2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1st Fee is \$150.00

After May 1st Fee is \$530.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*PRESIDENT
JEFFREY A. LINCOLN
9405 SW 89 ST
MIAMI FL 33176-1918*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered

SIGNATURE:

Jeffrey A. Lincoln

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 9, 2003

DATE

Daytime Phone

305-495-1224

CR2E034B (12/02)