

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90013 002 \*\*\*150.00

**DOCUMENT # P96000028418**

1. Entity Name  
**EXCALIBUR FINANCIAL SERVICES, INC.**

Principal Place of Business      Mailing Address  
**1200 N EGLIN PARKWAY**      **P.O. BOX 203**  
**SHALIMAR FL 32579**      **NICEVILLE FL 32588-0203**  
**US**      **US**

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

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **38-3319873**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BEDNAR, MARK A**  
**11 E. ZARAGOZA ST.**  
**PENSACOLA FL 32501**

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 \_\_\_\_\_ 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, 2000 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 <input type="checkbox"/> Delete NAME <b>D BELL, DAN JR</b> STREET ADDRESS <b>804 LAKE AMICK</b> CITY-ST-ZIP <b>NICEVILLE FL 32578</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1200 N. Eglin Parkway</b> <b>Shalimar, Fl 32579</b>
TITLE <input type="checkbox"/> Delete NAME <b>DRLICKA, ALBERT V</b> STREET ADDRESS <b>29 HILL BROOK WAY</b> CITY-ST-ZIP <b>PENSACOLA FL 32503</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ **REQUIRED**      Date **4/28/00**      Daytime Phone # **850-651-335**

CR2E034 (9/99)