

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90006 043 ***158.75

DOCUMENT # P96000029585

1. Entity Name
EXCEL COMPUTER COMPANY, INC.

Principal Place of Business Mailing Address
2400 15TH AVE **2400 15TH AVE**
VERO BEACH FL 32960 **VERO BEACH FL 32960-3308**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0658996** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRAVES, A. JULIA
GRAVES AND HILL, P.A.
2205 14TH AVENUE
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name
Barry G. Segal, Barry G. Segal, P.A.

Street Address (P.O. Box Number is Not Acceptable)
2027 Indian River Blvd., Suite 1

City State Zip Code
Vero Beach, FL 32960

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 **January 28, 2000**

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	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME WESTROM, WILLIAM L JR.	
STREET ADDRESS 2400 15TH AVE	
CITY-ST-ZIP VERO BEACH FL 32962	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME ROLFE, GREGORY N	
STREET ADDRESS 1315 16TH COURT S W	
CITY-ST-ZIP VERO BEACH FL 32962	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PDT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Joseph T. Andrews, Jr.	
STREET ADDRESS 2400 15th Avenue	
CITY-ST-ZIP Vero Beach, Florida 32960	
TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Sheila M. Andrews	
STREET ADDRESS 2400 15th Avenue	
CITY-ST-ZIP Vero Beach, Florida 32960	
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: DATE: **January 28, 2000** DAYTIME PHONE #: **(561) 562-4456**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)