

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90202 039 \*\*\*150.00

0085218

**DOCUMENT # P96000029585**

1. Entity Name  
**EXCEL COMPUTER COMPANY, INC.**

Principal Place of Business 2400 15TH AVE VERO BEACH FL 32960 US	Mailing Address 2400 15TH AVE VERO BEACH FL 32960 US
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2. Principal Place of Business 1131 7th Avenue Suite, Apt. #, etc.	3. Mailing Address 1131 7th Avenue Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Vero Beach, FL	City & State Vero Beach, FL	4. FEI Number 65-0658996	Applied For <input type="checkbox"/> Not Applicable
Zip 32960	Country USA	Zip 32960	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  SEGAL, BARRY G PA 2027 INDIAN RIVER BLVD SUITE 1 VERO BEACH FL 32960	7. Name and Address of New Registered Agent Name Segal, Barry G. PA Street Address (P.O. Box Number is Not Acceptable) 2801 Ocean Drive Suite 304 City Vero Beach FL Zip Code 32963
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8. The above named entity submits this statement for the purpose of changing the registered office or registered agent, or both, in the State of Florida.

SIGNATURE Barry G. Segal PA  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> ANDREWS, JOSEPH T JR. 2400 15TH AVE VERO BEACH FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1131 7th Avenue Vero Beach, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> ANDREWS, SHEILA 2400 15TH AVE VERO BEACH FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1131 7th Avenue Vero Beach, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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: Sheila M. Andrews 3-26-01 561-562-4456  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)