

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90088 009 ***150.00

DOCUMENT # P96000064802

1. Entity Name

EXCALIBUR GENERAL CONTRACTING, INC.



Principal Place of Business

4564 PHIPPS DRIVE
PORT ORANGE FL 32119

Mailing Address

4564 PHIPPS DRIVE
PORT ORANGE FL 32119

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

59-3393920

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARY LEE WISNIEWSKI

4564 PHIPPS DR.
PORT ORANGE FL 32119

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME KICFER, CARL
STREET ADDRESS 1937 FRANK PLACE
CITY-ST-ZIP SOUTH DAYTONA FL
*is added
SALES V.P.*

TITLE *V.P.*
NAME *DAVID BRANES*
STREET ADDRESS *1937 FRANK PLACE*
CITY-ST-ZIP *SOUTH DAYTONA*
☒ Change ☒ Addition

TITLE P
NAME WISNIEWSKI, GARY L
STREET ADDRESS 4564 PHILLIPS DRIVE
CITY-ST-ZIP PORT ORANGE FL 32119
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE S
NAME LOSEY, SCOTT
STREET ADDRESS 840 CENTRAL AVEBYE
CITY-ST-ZIP HOLLY HILL FL 32117
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)