

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA700005898**  
 1. Entity Name  
**AXCEL INC**

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90108 047 \*\*\*150.00

Principal Place of Business Mailing Address  
**10221 ORCHID DR**  
**PORT RICHEY, FL 34668**

**00101754**

2. Principal Place of Business 3. Mailing Address  
**10221 ORCHID DR** **AS 2**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**PORT RICHEY, FL** **AS 2**  
 City & State City & State  
 Zip 34668 Country USA Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59/3471841** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MRS Y. C. AXE**  
**10221 ORCHID DR**  
**PORT RICHEY FL 34668**

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
 TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE NAME ☐ Change ☐ Addition  
 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: **G. L. Axe** **5/17/00** **727 861 2013**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)