

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90275 001 ***150.00

DOCUMENT # P97000005898

1. Entity Name
AXCEL, INC.

Principal Place of Business

10221 ORCHID DR
 PORT RICHEY FL 34668
 US

Mailing Address

10221 ORCHID DR
 PORT RICHEY FL 34668
 US

2. Principal Place of Business

4650 BAY BLVD.

3. Mailing Address

4650 BAY BLVD

Suite, Apt. #, etc.

1043

Suite, Apt. #, etc.

1043

City & State

PORT RICHEY FL

City & State

PORT RICHEY FL

Zip

34668

Country

US

Zip

34668

Country

US

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

AXE, YVONNE C
10221 ORCHID DR
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name **CELIA, V. CANADA**

Street Address (P.O. Box Number is Not Acceptable)

4650 BAY BLVD

#1043

City

PORT RICHEY

FL

Zip Code

34668

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

Celia Canada

CELIA CANADA 1-27-01

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, 2001 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 **P** ☐ Delete
 NAME **AXE, GORDON LEIGH M**
 STREET ADDRESS **10221 ORCHID DR**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **P** ☒ Change ☐ Addition
 NAME **AXE, GORDON LEIGH**
 STREET ADDRESS **4650 BAY BLVD APT 1043**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **S** ☐ Delete
 NAME **CANADA, CELIA V**
 STREET ADDRESS **4650 BAY BLVD APT 1043**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 line empowered.

SIGNATURE:

G.L. Axe
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G.L. AXE PRESIDENT

1/22/01

Date

727 843 9172

Daytime Phone #

CR2E034 (10/00)