

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P97000040271****1. Entity Name**  
EXSEL INTERNATIONAL INC.

<b>Principal Place of Business</b> 2566 SW 27TH AVE  CAPE CORAL FL 33914	<b>Mailing Address</b> 2566 SW 27TH AVE  CAPE CORAL FL 33914
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**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****65-0832635**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**BLESSING, JAMES G  
2566 SW 27TH AVECAPE CORAL  
33914

FL

US

**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)

**05/01/2000**

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**

<b>TITLE</b>	STD <input type="checkbox"/> Delete
<b>NAME</b>	DREYER DONNA
<b>STREET ADDRESS</b>	31 WILLOW DRIVE
<b>CITY-ST-ZIP</b>	FT THOMAS KY 41075

<b>TITLE</b>	STD <input type="checkbox"/> Delete
<b>NAME</b>	BLESSING DORIS M
<b>STREET ADDRESS</b>	2566 SW 27TH AVE
<b>CITY-ST-ZIP</b>	CAPE CORAL FL 33914

<b>TITLE</b>	VD <input type="checkbox"/> Delete
<b>NAME</b>	DREYER WILLIAM
<b>STREET ADDRESS</b>	31 WILLOW DRIVE
<b>CITY-ST-ZIP</b>	FT THOMAS KY 41075

<b>TITLE</b>	PD <input type="checkbox"/> Delete
<b>NAME</b>	ULBRICH WOLFGANG H
<b>STREET ADDRESS</b>	12710 EQUESTRIAN CIRCLE, SUITE 2606
<b>CITY-ST-ZIP</b>	FT MYERS FL 33907

<b>TITLE</b>	CCEO <input type="checkbox"/> Delete
<b>NAME</b>	BLESSING JAMES G
<b>STREET ADDRESS</b>	2566 SW 27TH AVE
<b>CITY-ST-ZIP</b>	CAPE CORAL FL 33914

<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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** James G. Blessing

CCEO 05/01/2000