## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P97000059065

Entity Name: XCELICOR, INC.

FILED Apr 30, 2003 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
5421 BEAU SUITE 680 TAMPA, FL	MONT CEN <sup>-</sup> 33634	TER BLVD.			
Current Mailing Address:			New Mailir	New Mailing Address:	
5421 BEAU SUITE 680 TAMPA, FL	MONT CEN <sup>-</sup> 33634	TER BLVD.			
FEI Number:	59-3455430	FEI Number Applied For ( )	El Number Not Appli	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SUTHARD, PAUL BRYAN 5421 BEAUMONT CENTER BLVD. SUITE 680 TAMPA, FL 33634					
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:					
	Electro	nic Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( SUTHARD, PA 16502 OFFEN ODESSA, FL	HAUR ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP ( COPPOLA, RC 670 ISLAND W CLEARWATER	/AY #801	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP ( SILVERSTEIN 1704 STILLW/ BRENTWOOD	ATER CIRCLE	Title: Name: Address: City-St-Zip:	DVPS (X) Change ( ) Addition SILVERSTEIN, MARK 1704 STILLWATER CIRCLE BRENTWOOD, TN 37027	
Title: Name: Address: City-St-Zip:	S (X SUTHARD, HO 16502 OFFEN ODESSA, FL	HAUR ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DVP ( ZOU, JIAN 3216 TOLMAS METAIRIE, LA		Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN SUTHARD P 04/30/2003