

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90050 020 ***150.00

DOCUMENT # P97000062095

1. Entity Name

X-CELL CONTRACTING INC.

Principal Place of Business

**1395 BURTWOOD DR
 FORT MYERS FL 33901
 US**

Mailing Address

**1395 BURTWOOD DR
 FORT MYERS FL 33901-8713
 US**

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

65-0753564

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

**MARTIN, MATTHEW
 1395 BURTWOOD DR.
 FORT MYERS FL 33901**

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 reappointment)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW IN FEE IS \$150.00
 After MAY 4, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May 23
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	P	☐ Delete
STREET ADDRESS CITY-ST-ZIP	MARTIN, MATTHEW 1395 BURTWOOD DR. FT. MYERS FL 33901	
TITLE NAME	ST	☒ Delete
STREET ADDRESS CITY-ST-ZIP	MARTIN, MARION J 553 PHILODENDRON PUNTA GORDA FL 33955	
TITLE NAME	V	☒ Delete
STREET ADDRESS CITY-ST-ZIP	MARTIN, EDWARD M 553 PHILODENDRON PUNTA GORDA FL 33955	
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		☐ 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)(f), 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 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4-22-00