

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000062095

1. Entity Name
X-CELL CONTRACTING INC.

FILED
May 04, 2001 8:00 am
Secretary of State
05-04-2001 90081 018 ***150.00

Principal Place of Business

Mailing Address

1395 BURTWOOD DR
FORT MYERS FL 33901
US

1395 BURTWOOD DR
FORT MYERS FL 33901
US

2. Principal Place of Business

16161 PINE RIDGE RD

Suite, Apt. #, etc.

UNIT #1

City & State

FT MYERS, FLA

Zip

33908

Country

LEE

3. Mailing Address

16161 PINE RIDGE RD

Suite, Apt. #, etc.

UNIT #1

City & State

FT MYERS, FLA

Zip

33908

Country

LEE



DO NOT WRITE IN THIS SPACE

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
1658 HANSON ST.
FORT MYERS FL 33901

Name

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

16161 PINE RIDGE RD, UNIT #1

City

FT MYERS

FL

Zip Code

33908

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MARTIN, MATTHEW
1395 BURNTWOOD DR.
FT. MYERS FL 33901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
16161 PINE RIDGE RD, UNIT #1
FT MYERS, FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/01 (941) 418-0144

CR2E034 (10/00)