

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90024 041 ***150.00

000897

DOCUMENT # P97000095106

1. Entity Name
EXCALIBUR CAPITAL CORP.

Principal Place of Business
1474 W GRANADA BLVD
SUITE 440-210
ORMOND BEACH FL 32174
US

Mailing Address
1474 W GRANADA BLVD
SUITE 440-210
ORMOND BEACH FL 32174
US

66021710



DO NOT WRITE IN THIS SPACE

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 **59-3454836**

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

THOMPSON, C P
1447 W. GRANADA BLVD
ORMOND BEACH FL 32174

Name **C.P. Thompson**
 Street Address (P.O. Box Number is Not Acceptable)
1474 W. Granada Blvd.
Suite 440-210
 City **Ormond Beach** FL Zip Code **32174**

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 _____ (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 **PVPS**
 NAME **THOMPSON, C P** ☒ Delete
 STREET ADDRESS **1747 W GRANADA BLVD, SUITE 440-210**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **PVPS**
 NAME **C.P. Thompson** ☒ Change ☐ Addition
 STREET ADDRESS **1474 W. Granada Blvd., Ste 440-210**
 CITY-ST-ZIP **Ormond Beach, FL 32174**

TITLE _____ ☐ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

TITLE _____ ☐ Delete
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TITLE _____ ☐ Change ☐ Addition
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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 like empowered.

SIGNATURE: **C.P. Thompson**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B-20-01 **904-405-8717**
 Date Daytime Phone # **(cell)**

CR2E034 (10/00)