

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90075 001 \*\*\*150.00

**DOCUMENT # P97000103836**

1. Entity Name  
**HOM-EXCEL, INC.**

Principal Place of Business      Mailing Address

**21945 U.S. HIGHWAY 19 NORTH**      **21945 U.S. HIGHWAY 19 NORTH**  
**CLEARWATER FL 33765**                      **CLEARWATER FL 33765**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3481977**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAYHOFF, CHARLES S III**  
**3830 TAMPA ROAD**  
**SUITE 150**  
**PALM HARBOR FL 34684**

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) 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, 2002 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PROVENZANO, EUGENE C</b>	
STREET ADDRESS	<b>1866 SPUR LANE</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34685</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PROVENZANO, DANIEL J</b>	
STREET ADDRESS	<b>4508 BERISFORD BLVD.</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34685</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Eugene C. Provenzano*      **EUGENE C. PROVENZANO**      **2/4/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)