

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

0334897  
 AV

03-13-2002 90036 022 \*\*\*150.00

**DOCUMENT # P98000003976**

1. Entity Name  
**XCITE, INC.**

Principal Place of Business Mailing Address  
**C/O-MARK-R-DOLAN F. GUTTA** **8211 W BROWARD BLVD**  
**112 E ST. SUITE-B** **# 410 350**  
**TAMPA FL 33602** **PLANTATION FL 33334**  
**SUITE 350**  
**PLANTATION, FL 33324**

2. Principal Place of Business **8211 W BROWARD BLVD** 3. Mailing Address  
 Suite, Apt. #, etc. **SUITE 350** Suite, Apt. #, etc.

City & State **PLANTATION, FL** City & State  
 Zip **33324** Country **FLORIDA** Zip Country

4. FEI Number **59-3487312** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**GUTTA, FRANK A**  
**8211 W BROWARD BLVD, #410**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name **FRANK A. GUTTA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8211 W. Broward Blvd. #350**  
 City **Plantation** FL Zip Code **33324**

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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOLAN, MARK R</b>		NAME		
STREET ADDRESS	<b>112 EAST ST STE B</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>TAMPA FL 33602</b>		CITY-ST-ZIP		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLANKE, JOHN</b>		NAME		
STREET ADDRESS	<b>8211 W BROWARD BLVD, #410</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PLANTATION FL 33334</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **John W. Blanke** **(94) 462-8813**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)