

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000010052**

1. Entity Name

EXCESSORIES, INC.**FILED**
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90141 035 ***150.00

0015489

Principal Place of Business

**9030 ATLANTIC BLVD
JACKSONVILLE FL 32211
US**

Mailing Address

**9030 ATLANTIC BLVD
JACKSONVILLE FL 32211
US****UUU40316**

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 59-3500267		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent**OBERDORFER, E. CHARLES ESQ
1719 BLANDING BLVD.
JACKSONVILLE FL 32210****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's 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 State10. 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	PD	TITLE	
NAME	HARDY, RANDY	NAME	
STREET ADDRESS	4030 ATLANTIC BLVD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	SALISBURY, GARY	NAME	
STREET ADDRESS	9030 ATLANTIC BLVD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32211	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	BENNETT, DAWNA	NAME	
STREET ADDRESS	9030 ATLANTIC BLVD	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY S SALISBURY**4-24-01**

Date

904 721 9808

Daytime Phone #

CR2E034 (10/00)