

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90328 029 ***158.75

DOCUMENT # P98000014135

1. Entity Name
EXCEL FLEET SERVICES, INC.



Principal Place of Business
C/O DARYL CRAMER & ASSOC P A
515 NORTH FLAGLER DRIVE #910
WEST PALM BEACH FL 33401-4325

Mailing Address
C/O DARYL CRAMER & ASSOC P A
515 NORTH FLAGLER DRIVE #910
WEST PALM BEACH FL 33401-4325

11030322



2. Principal Place of Business

c/o Daryl Cramer & Assoc., P.A.

3. Mailing Address

c/o Daryl Cramer & Assoc., P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3801 PGA Boulevard, #508

3801 PGA Boulevard, #508

☐ CHECK HERE IF MAKING CHANGES

City & State
Palm Beach Gardens, FL

City & State
Palm Beach Gardens, FL

4. FEI Number 65-0834829

Applied For
Not Applicable

Zip 33410

Country USA

Zip 33410

Country USA

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

DARYL B. CRAMER, P.A.
C/O DARYL CRAMER & ASSOC P A
515 NORTH FLAGLER DRIVE #910
WEST PALM BEACH FL 33401-4325

Name Daryl Cramer & Associates, P.A.

Street Address (P.O. Box Number is Not Acceptable)
3801 PGA Boulevard, Suite 508

City Palm Beach Gardens **FL** **Zip Code** 33410

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

[Date]
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **BANKS, GARRISON S**
STREET ADDRESS **351 NORTH JOG ROAD**
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)