

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094840
1. Entity Name
x-CEL UNIFIED SERVICES, INC.

FILED
May 19, 2000 8:00 am
Secretary of State
05-19-2000 90099 011 ***158.75

Principal Place of Business Mailing Address
880 33rd Street East
Palmetto, Florida 34221

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 Applied For
65-0894629 Not Applicable
5. Certificate of Status Desired [X] \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Layon F. Robinson II, P.A.
442 Old Main Street
Bradenton, Florida 34205

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) [X]
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	[] Delete
NAME	Walter L. Presha Sr.
STREET ADDRESS	880 33rd St. East
CITY-ST-ZIP	Palmetto, Florida 34221
TITLE	[] Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[] Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[] Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[] Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	[] Change [] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[] Change [] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[] Change [] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[] Change [] Addition
NAME	
STREET ADDRESS	
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: [Signature] 4/21/00 941/776-1232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)