2002 UNIFORM BUSINESS REPORT (UBR) Sep 02, 2002 8:00 am Secretary of State P99000017026 DOCUMENT # 09-02-2002 90147 035 ***550 00 EXCEL REALTY OF PALM HARBOR, INC. Principal Place of Business Mailing Address 736 SUNFLOWER DRIVE 3324 COBBS COURT S COO MICE PALM HARBOR FL 34683 PALM HARBOR FL 34684 1. 15.41 44.3 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3558726 Learwater Not Applicable Alm Harbor Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required ella? Invila! 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PAVLICK, DAVID G Street Address (P.O. Box Number is Not Acceptable) 736 SUNFLOWER DRIVE PALM HARBOR FL 34683 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _ Signature, typed or printed hame of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (4/02 ☐ Change ☐ Addition DP ☐ Delete TITLE TITLE PAVICK, DAVID G NAME NAME STREET ADDRESS STREET ADDRESS 736 SUNFLOWER DRIVE CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34683 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

SIGNATURE: