FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 DEC 26 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000053180

1. Entity Name
Excel Management and Rentals, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
435 W. Vine Street
Suite, Apt. #, etc.
City & State
Kissimmee, Florida
Zip
34741
Country
U.S.

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
583585511
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Robert S. Hayes, P.A.
Street Address (P.O. Box Number is Not Acceptable)
441 W. Vine Street
City
Kissimmee
FL
Zip Code
34741

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 of member or authorized representative / Date / Signature of member or authorized representative / Date

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	President/Treasurer/Secretary
NAME	Paul Oxley
STREET ADDRESS	3050 Michigan Ave
CITY ST ZIP	Kissimmee, FL. 34744
TITLE	Vice-President
NAME	Richard Bagshaw
STREET ADDRESS	435 W. Vine Street
CITY ST ZIP	Kissimmee, FL. 34741
TITLE	
NAME	
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CR2E034B (12/02)

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 on an attachment with an address, with a title, if applicable.

SIGNATURE: Paul Oxley _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Signature of member or authorized representative