

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000067570

1. Entity Name

EXCEL CONSULTING SERVICES, INC.

FILED

Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90101 034 ***150.00

Principal Place of Business

6860 GULFPORT BLVD. S. #246
S. PASADENA FL 33707

Mailing Address

6860 GULFPORT BLVD. S. #246
S. PASADENA FL 33707



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3596593

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CAMPBELL, S. M.

4427 PARK BLVD.

PINELLAS PARK FL 33781

4720 49th St. N #17

St. Petersburg, FL
33709

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)

☐

FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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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

Sabrina M. Campbell 7-20-00

Date

Daytime Phone

813-241-4224

CR2E034 (5/00)

Doc # P99000067570

663817

Excel Consulting Services, Inc.

6860 Gulfport Boulevard, #246

S. Pasadena, FL 33707

(813) 241-4224

July 20, 2000

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32302-1500

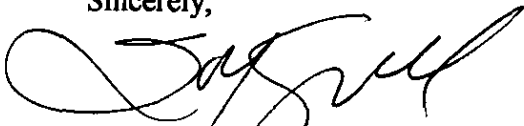
Ref: Uniform Business Report

Dear Sir/Madam:

I recently called in because I just did received my 2nd notice from you. I called because I never received the first notification nor did I know what it was for. The gentleman I spoke to told me to write a letter to explain and send in my original payment. I will tape this on my wall so I will not let it go unpaid next year even if I don't receive my notice.

Thank you for your understanding.

Sincerely,



S. M. Campbell
President