

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000 67837

1. Entity Name

Excalibur Investment Group PAIF II, INC

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90049 023 ***150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

P.O. Box 446
Suite, Apt. #, etc.

P.O. Box 446
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Loxahatchee, FL

City & State

Loxahatchee FL

4. FEI Number

65-0938661

Applied For

Not Applicable

Zip

Country

33470 USA

Zip

Country

33470 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

Name

LISA KLINGER

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

15782 92nd Ct N

City

WEST PALM BEACH FL

Zip Code

33412

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

Lisa Klinger Registered Agent

3-23-2000

Signature, typed or printed name of registered agent and job, 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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Pres
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LISA KLINGER
15782 92nd Ct N
WEST PALM BEACH FL 33412

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Lisa Klinger Pres

3-23-2000 561 790-2026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)