

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90152 022 ***150.00

DOCUMENT # P99000068425

1. Entity Name

EXCESS ONLINE ACQUISITION, INC.

Principal Place of Business

Mailing Address

7235 1 AVE SOUTH
 ST PETERSBURG FL 33707

7235 1 AVE SOUTH
 ST PETERSBURG FL 33707-1101

2. Principal Place of Business

3. Mailing Address

735 ARLINGTON AVE. N.

735 ARLINGTON AVE. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200

200

City & State

City & State

ST. PETERSBURG FL

ST. PETERSBURG FL

Zip

Country

Zip

Country

33701

33701

4. FEI Number

Applied For

59-3592563

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

JEFFRIES, DAVID M
 220 S FRANKLIN STREET
 TAMPA FL 33602

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) ☐

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

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
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| STREET ADDRESS | |
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| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | | |
|----------------|--------------------------|--|
| TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JAMES A. ZACH | |
| STREET ADDRESS | 1124 SEVILLE LN. NE | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33704 | |
| TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RAYMOND A. OTTS | |
| STREET ADDRESS | 415 13th AVE. NE | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33701 | |
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LOUIS M. RUFO | |
| STREET ADDRESS | 2873 5th St. N. | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33710 | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JOSEPH M. TAPPER | |
| STREET ADDRESS | 14834 DUNNET DR. | |
| CITY-ST-ZIP | LAMIRADA CA 90638 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sec 4/4/00 727-896-7727

CR2E034 (9/99)