

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097399

1. Entity Name
EXCEL SURVEYING & MAPPING, INC.

Principal Place of Business
3229 SARDINIA TERR.
DELTONA FL 32738

Mailing Address
P.O. BOX 391471
DELTONA FL 32739

2. Principal Place of Business
3229 Sardinia Terr
Suite, Apt. #, etc.

3. Mailing Address
P O Box 391471
Suite, Apt. #, etc.

City & State
Deltona FL

City & State
Deltona FL

Zip 32738 Country USA

Zip 32739-1471 Country USA

4. FEI Number 59-3607151

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVE.
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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]*

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 12, 2001 Fee 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

TITLE NAME ☐ Delete
PTD
DESMEULES, DAVID R
STREET ADDRESS 3229 SARDINIA TERR.
CITY-ST-ZIP DELTONA FL 32738

TITLE NAME ☐ Delete
VSD
DESMEULES, ELIZABETH A
STREET ADDRESS 3229 SARDINIA TERR.
CITY-ST-ZIP DELTONA FL 32738

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.5.01

321.228.5027
4073

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90018 049 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)