2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$39004

EXCEL FINANCIAL SERVICES, INC.

Mailing Address Principal Place of Business 3200 NORTH MILITARY TRAIL #110 3200 NORTH MILITARY TRAIL #110 BOCA RATON FL 33431-6311 **BOCA RATON FL 33431** US

FILED Feb 28, 2000 8:00 am Secretary of State

02-28-2000 90020 037 ***158.75

113104



2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State			DO NOT WRITE IN THIS SPACE			
				7				
				4. FEI Number 65-0417877		⊢	oplied For ot Applicable	
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Add Fee Required	ditional	
	6. Name and Address of Current R	egistered Agent		7 1	lame and Address of New Registered	Agent		
			Name					
SCHAIVONE, DEBBIE 3200 NORTH MILITARY TRAIL #110 BOCA RATON FL 33431			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City		F	Zip Code	e	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regis	stered ag	ent, or both, in the State of Florida.			
SIGNATURE ,	Joseph Joseph	NHE			2-14-00			
	Signature, typed or printed name of registered agent an	d title if applicable. (NOT	E: Registered Agent signature requ	uired when re	einstating) DATE			
			!!! FEE IS \$150.00 000 Fee will be \$550.0 ble to Department of \$		10. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
11.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM SPENCER, KEVIN 3200 NORTH MILITARY TRAIL #1 BOCA RATON FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	SD SCHAIVONE, DEBBIE 3200 NORTH MILITARY TRAIL #1 BOCA RATON FL 33431	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAIR, DENISE 3200 NORTH MILITARY TRAIL #1 BOCA RATON FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500000000000000000000000000000000000000	☐ Delote	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
13. I hereby	certify that the information supplied with to this report or supplemental report is trooration or the receiver or trustee emports or on an attachment with an oldress we	rue and accurate and that	my signature chall have t	he same	legal effect as it made under gath: that	Lam an officer	or director	

SIGNATURE: