

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S75438**

1. Entity Name

EXCEL AUTO GROUP, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90088 044 ***150.00

Principal Place of Business

Mailing Address

**3000 INDEPENDENT SQUARE
JACKSONVILLE FL 32202**

**3000 INDEPENDENT SQUARE
JACKSONVILLE FL 32202-5024**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3083611

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WATKINS, HALEY
ONE INDEPENDENCE SQUARE
STE 3000
JAX FL 32202**

Name

MABM Corporate Services, Inc.

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

Attention: John D. Milton, Jr., Esq.

One Independent Drive, Suite 3000

City

Jacksonville

FL

Zip Code
32202

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.

James A. Nolan, III, VP 02/28/00

(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 **PTD** ☐ Delete
NAME **FUSILLO, PAUL F**
STREET ADDRESS **440 S. HARBOR CITY BLVD.**
CITY-ST-ZIP **MELBOURNE FL**

TITLE **ASSISTANT SECRETARY** ☐ Change ☒ Addition
NAME **HUNTER, CAROLYN S.**
STREET ADDRESS **440 S. HARBOR CITY BLVD.**
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE **V** ☐ Delete
NAME **FUSILLO, PAUL F JR**
STREET ADDRESS **440 S. HARBOR CITY BLVD.**
CITY-ST-ZIP **MELBOURNE FL**

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

TITLE **S** ☐ Delete
NAME **FUSILLO, DULCIE ANN**
STREET ADDRESS **440 S. HARBOR CITY BLVD**
CITY-ST-ZIP **MELBOURNE FL**

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

TITLE **V** ☐ Delete
NAME **FUSILLO, STEPHEN R**
STREET ADDRESS **440 S. HARBOR CITY BLVD**
CITY-ST-ZIP **MELBOURNE FL**

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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

Dulcie Ann Fusillo, Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DULCIE ANN FUSILLO, SEC. 02/28/00

321-723-2941

Date

Daytime Phone #

CR2E034 (9/99)