## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V33754  1. Entity Name				Mar 28, 2000 8:00 am
EXCEL 8	ELECTRIC OF NAPLES INC.			Secretary of State
Principal Plac	ce of Business	Mailing Address		
3920 A PROGRESS AVE NAPLES FL 34104 US		3920 A PROGRESS AVE NAPLES FL 34104-3651 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 65-0329980 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent
			Name S	Stephen Hay word Mc Manus
DETWEILER, TRACY J. 3920-A PROGRESS AVE			Street Add	dress (P.O. Box Number is Mot Acceptable)
	LES FL 34104		392	.O-A Progress Ave.
			City	NAPLES FL Zin Code 04
8. The above	named entity submits this statement for	the purpose of changing its r		registered agent, or both, in the State of Florida.
SIGNATURE .	Menature, typifd or printed name of registered agent an	Len Stephe (NOTE:	: Registered Agent signature	manus President 7-22-08  To 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 Sta		50.00 Trust Fund Contribution. Added to Fees
11,	OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DETWEILER, TRACY J. 4366 27TH COURT SW #202 NAPLES FL	<b>∑</b> Delete	. TITLE . NAME . STREET ADDRESS . CITY-ST-ZIP	PST Stephen H. McManus 6640 TRAIL BLUD. NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST MCMANUS, STEPHEN H. 6640 TRAIL VBVD NAPLES FL	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRACY J. Detweiler Change Addition 4366, 27th Court SW #202 NAPLES FL 34116
TITLE		☐ Delete · ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ADDRESS ST ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	☐ Change ☐ Addition
- ADDRESS ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the cor	Lon this report or supplemental report is t	true and accurate and that m wered to execute this report a	nv signature shall hav	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information ave the same legal effect as if made under oath; that I am an officer or director oter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if