

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90331 038 ***150.00

DOCUMENT # **V37383**

1. Entity Name

Excel Engineering Consultants, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

122 Wilshire Blvd.

Suite, Apt. #, etc.

3. Mailing Address

249 Twelve League circle

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Casselberry, FL

City & State

Casselberry, FL

4. FEI Number

59-3123353

Applied For

Not Applicable

Zip

32707

Country

USA

Zip

32707

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Nitza T. Coto**

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

249 Twelve League Circle

City

Casselberry

FL

Zip Code
32707

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
STREET ADDRESS
CITY - ST - ZIP

P

**Coto, Julian R.
249 Twelve League Circle
Casselberry, FL 32707**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

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**Coto, Nitza T.
249 Twelve League Circle
Casselberry, FL 32707**

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Nitza Coto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/02
Date

407-260-2292
Daytime Phone #

CR2E034B (12/01)