

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90188 007 ***150.00

DOCUMENT # V37383

1. Entity Name
EXCEL ENGINEERING CONSULTANTS, INC.



Principal Place of Business
**122 MILSHIRE BLVD
CASSELBERRY FL 32707**

Mailing Address
**122 MILSHIRE BLVD
CASSELBERRY FL 32707**

2. Principal Place of Business

122 Wilshire Blvd
Suite, Apt. #, etc.

3. Mailing Address

122 Wilshire Blvd.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Casselberry, FL
Zip
32707
Country

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Casselberry, FL
Zip
32707
Country

4. FEI Number
59-3123353

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COTO, NITZA T.
249 TWELVE LEAGUE CIR
CASSELBERRY FL 32707**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **COTO, JULIAN R.**
STREET ADDRESS **249 TWELVE LEAGUE CIR**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **S** ☐ Delete
NAME **COTO, NITZA T.**
STREET ADDRESS **249 TWELVE LEAGUE CIR**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE NITZA COTO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03 407-260-2292
Date Daytime Phone #

CR2E034 (10/02)