

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 18 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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DOCUMENT # L95000000491

1. Entity Name
CAPSTONE MARKETING OF CARABELLE, L.C.

Principal Place of Business: 76 MIDNIGHT PASS, CRAWFORDVILLE FL 32327
Mailing Address: 76 MIDNIGHT PASS, CRAWFORDVILLE FL 32327-2200

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

4. FEI Number: **58-2183362** Applied For: Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
CARROTHERS, CATHY
76 MIDNIGHT PASS
CRAWFORDVILLE FL 32322

7. Name and Address of New Registered Agent
Name: **CATHY CARROTHERS**
Street Address (P.O. Box Number is Not Acceptable): **76 Midnight Pass**
City: **Crawfordville** FL Zip Code: **32327**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE: MGRM NAME: CARROTHERS, CATHY STREET ADDRESS: 76 MIDNIGHT PASS CITY-ST-ZIP: CRAWFORDVILLE FL 32327 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: MGRM NAME: Carrothers, Cathy STREET ADDRESS: 76 Midnight Pass CITY-ST-ZIP: Crawfordville, FL 32327 <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Date: **4/17/00** Daytime Phone #: **850-926-9673**

CR2E083 (9/99)