

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 14, 2002 8:00 am**  
**Secretary of State**

07-14-2002 90051 004 \*\*\*\*50.00

**DOCUMENT # L95000000491**

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

Principal Place of Business      Mailing Address  
**76 MIDNIGHT PASS      76 MIDNIGHT PASS**  
**CRAWFORDVILLE FL 32327      CRAWFORDVILLE FL 32327**

**970163**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

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

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARROTHERS, CATHY**  
**76 MIDNIGHT PASS**  
**CRAWFORDVILLE FL 32322**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>CARROTHERS, CATHY</b> <b>76 MIDNIGHT PASS</b> <b>CRAWFORDVILLE FL 32327</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**

**7/10/02**      **850-926-9673**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (9/01)