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May 06, 2003 8:00 am
Secretary of State

05-06-2003 90047 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108833

1. Entity Name
HUMAN CAPITAL MANAGEMENT, INC

Principal Place of Business	Mailing Address
~~1230 NE 27TH WAY~~ POMPANO BEACH, FL 33062	~~1230 NE 27TH WAY~~ POMPANO BEACH, FL 33062

2. Principal Place of Business		3. Mailing Address	
1000 West McNab Road		1000 West McNab Road	
Suite, Apt. #, etc. Suite 150		Suite, Apt. #, etc. Suite 150	
City & State Pompano Beach FL		City & State Pompano Beach FL	
Zip 33069	Country USA	Zip 33069	Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0970567 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUNN, J. SCOTT 2455 E SUNRISE BLVD. SUITE 905 FT. LAUDERDALE, FL 33304 Change Address →	Name: Gunn, J. Scott Street Address (P.O. Box Number is Not Acceptable): 100 SE 3rd Avenue Suite 2500 City: Fort Lauderdale FL Zip Code: 33394

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

[redacted]

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CAPI, KARY A 1230 NE 27TH WAY POMPANO BEACH, FL 33062	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CAPI-GUNN, Kary A. 1000 West McNab Road, Ste150 Pompano Beach FL 33069	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Kary A. Capi-Gunn KARY A. CAPI-GUNN 4/30/03 (954) 943-5627
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #