

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90302 030 ***150.00

DOCUMENT # **148029**

1. Entity Name

Capital Square Building Inc



DO NOT WRITE IN THIS SPACE

90102571

2. Principal Place of Business

700 N Calhoun Street

3. Mailing Address

700 N Calhoun St

Suite, Apt. #, etc.

B-4

Suite, Apt. #, etc.

B-4

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32303

Country

US

Zip

32303

Country

US

4. FEI Number

590551288

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Paul E. Joas

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

3120 Fieldstone Lane

Tallahassee

City

Tallahassee

FL

Zip Code

32308

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	<i>PRESIDENT Paul E. Joas No change from Last Year</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>VICE-PRESIDENT Kalliope S Joas No change from Last Year</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>SECRETARY Stanley T Kyreos No change from Last Year</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>DIRECTOR Stamatia Joas No change from Last Year</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul E. Joas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

Date

850/222-1066

Daytime Phone #

CR2E034B (12/02)