

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90010 029 \*\*\*158.75

**DOCUMENT # 441494**

1. Entity Name  
**CAPITAL CAR CARE CENTER, INC.**

Principal Place of Business      Mailing Address  
**1010 W. THARPE ST.**      **1010 WEST THARPE STREET**  
**TALLAHASSEE FL 32303**      **TALLAHASSEE FL 32303**  
**US**

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 **59-1512373**      Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MCCONNELL, JOHN A.**  
**1010 W. THARPE ST.**  
**TALLAHASSEE FL 32303**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MCCONNELL, JOHN A.</b> <b>1909 SHERWOOD DR.</b> <b>TALLAHASSEE FL 32303</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	<b>STD</b> <b>MCCONNELL, ELAINE F.</b> <b>1909 SHERWOOD DR.</b> <b>TALLAHASSEE FL 32303</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elaine F. McConnell  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-01 (P50)385-8188  
 Date      Daytime Phone #

Elaine F. McConnell

CR2E034 (10/00)