

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90072 036 ***150.00

DOCUMENT # 463079

1. Entity Name
CAPITAL VENTURES CORP.



Principal Place of Business
**500 CAPITAL CIR. SE.
SUITE B1
TALLAHASSEE FL 32315
US**

Mailing Address
**P.O. BOX 3966
TALLAHASSEE FL 32315
US**



2. Principal Place of Business

3. Mailing Address

500 Capital Cir SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tall FL

City & State

City & State

Suite B-1

Zip

Country

Zip

Country

32301 USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-1554913

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SOWELL, T L
1810 DOOMAR DR.
TALLAHASSEE FL 32308**

7. Name and Address of New Registered Agent

Name **P.A. Sowell**

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

1810 Doomar Dr.

City **Tall**

FL

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

P.A. Sowell

[Signature]

1-10-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **T** ☒ Delete
NAME **SOWELL, T.L.**
STREET ADDRESS **1810 DOOMAR DR.**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **PD** ☒ Delete
NAME **SOWELL, T.L.**
STREET ADDRESS **1810 DOOMAR DR.**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **VS** ☐ Delete
NAME **NETTLES, P.A.**
STREET ADDRESS **1810 DOOMAR DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **PA Sowell**
STREET ADDRESS **1810 Doomar Dr**
CITY-ST-ZIP **Tall, FL 32308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03 850-656-1946

Date

Daytime Phone

CR2E034 (10/02)