

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0015034
AT

DOCUMENT # **B01000000361**

1. Entity Name
CAPROCK ADVANTAGE, L.P.

02 JUN 12 PH 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**THE SUNTRUST BANK BLDG.
801 LAUREL OAK DRIVE, SUITE 500
NAPLES FL 34108-2748**

Mailing Address
**THE SUNTRUST BANK BLDG.
801 LAUREL OAK DRIVE, SUITE 500
NAPLES FL 34108-2748**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-3750147

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

**NRAI SERVICES, INC.
525 EAST PARK AVENUE
TALLAHASSEE FL 32301**

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

DATE

9. Capital Contributions
as Shown on record. **\$7,500.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **M01000002355**
NAME **CAPROCK GLOBAL, LLC**
STREET ADDRESS **801 LAUREL OAK DRIVE, SUITE 500**
CITY-ST-ZIP **NAPLES FL 34108-2748**

STREET ADDRESS

CITY-ST-ZIP

363.75-4p
88.75 Alm

DOCUMENT #
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

W. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6/5/02 941-593-500

CR2E003 (9/01)