

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90718 005 ***150.00

DOCUMENT # F00000006397

1. Entity Name

FLORIDA CAPITAL PARTNERS, INC.



Principal Place of Business

601 NORTH ASHLEY DRIVE, SUITE 500
TAMPA FL 33602

Mailing Address

601 NORTH ASHLEY DRIVE, SUITE 500
TAMPA FL 33602

2. Principal Place of Business

101 E. Kennedy Blvd.

(Suite, Apt. #, etc.)

3925

3. Mailing Address

101 E. Kennedy Blvd.

(Suite, Apt. #, etc.)

3925

City & State

Tampa FL

Zip

33602

Country

City & State

Tampa FL

Zip

33602

Country

4. FEI Number

52-2275355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI-SERVICES, INC.
526 EAST PRK AVENUE
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 PCD ☐ Delete

NAME FRANZ, PETER B
STREET ADDRESS 601 NORTH ASHLEY DRIVE, SUITE 500
CITY-ST-ZIP TAMPA FL 33602

TITLE VAS ☐ Delete

NAME OKEN, GLENN B
STREET ADDRESS 601 NORTH ASHLEY DRIVE, SUITE 500
CITY-ST-ZIP TAMPA FL 33602

TITLE VSD ☐ Delete

NAME WONG, FELIX J
STREET ADDRESS 601 NORTH ASHLEY DRIVE, SUITE 500
CITY-ST-ZIP TAMPA FL 33602

TITLE VTD ☐ Delete

NAME MALIZIA, DAVID J
STREET ADDRESS 601 NORTH ASHLEY DRIVE, SUITE 500
CITY-ST-ZIP TAMPA FL 33602

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 ☒ Change ☐ Addition

NAME 101 E. Kennedy Blvd., Suite 3925
STREET ADDRESS Tampa FL 33602
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature]

4/14/04

813-222-8000