Sep 17 02 10:12a fchc

FILED
Sep 19, 2002 8:00 am
Secretary of State
09-03-2002 90183 047 ***550.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F 01000003566

1. Entity Name
Future Capital Holding Corp.

DO NOT WRITE IN THIS SPACE

99688

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
585 Split Ridge Dr.	585 Split Ridge Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CANTON, GA	City & State: CANTON, GA
Zip: 30115 / Country: USA	Zip: 30115 / Country: USA

4. FEI Number 58-2081177 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Harmony Henderson
Street Address (P.O. Box Number is Not Acceptable): 17311 Lockwood Ridge Dr.
City: Tampa FL Zip Code: 33647

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: Harmony Henderson Harmony Henderson 9-17-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Randy Eaton 585 Split Ridge Dr Canton Ga 30115	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec./Treas Donna Eaton 585 Split Ridge Dr. Canton, Ga 30115	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Donna Eaton Donna Eaton 9-17-02 770-720-4622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #