

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90012 018 ***158.75

DOCUMENT # F43220

1. Entity Name

CAPITAL SUNBELT INVESTMENTS, INC.

Principal Place of Business

**5015 S. FLORID AVE.
 SUITE 200
 LAKELAND FL 33381
 US**

Mailing Address

**P.O. BOX 5252
 P.O. BOX 5252
 LAKELAND FL 33807-5252
 US**

2. Principal Place of Business

**500 S. Florida Ave
 Suite, Apt. #, etc.
 700**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lakeland, FL

City & State

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DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2155546

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MCFARLANE, PETER A. ESQ.
 5015 SOUTH FLORIDA AVE.
 4740 CLEVELAND HEIGHTS BLVD.
 LAKELAND FL 33813**

7. Name and Address of New Registered Agent

Name

**500 S. Florida Ave
 #715**

City

Lakeland

FL

Zip Code

33801

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.

(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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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

TITLE **P** ☐ Delete
 NAME **MAXWELL, LAWRENCE W.**
 STREET ADDRESS **5015 S. FLORIDA AVE. #200**
 CITY-ST-ZIP **LAKELAND FL**

TITLE **ST** ☐ Delete
 NAME **KELLEY, KIM**
 STREET ADDRESS **5015 S. FLORIDA AVE.**
 CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ Delete
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 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **500 S. Florida Avenue, #700**
 STREET ADDRESS **Lakeland, FL 33801**
 CITY-ST-ZIP

TITLE
 NAME **500 S. Florida Avenue, #700**
 STREET ADDRESS **Lakeland, FL 33801**
 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

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:

Kim S. Kelley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

863-647-1581

Daytime Phone #

CR2034 (9/01)