

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90185 029 ***150.00

0066553 AB

DOCUMENT # F94000003221

1. Entity Name
CAPITAL SECURITIES OF AMERICA, INC.



Principal Place of Business
150 GRAND TRUNK
HARTSVILLE OH 44632
US

Mailing Address
150 GRAND TRUNK
HARTSVILLE OH 44632
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

HARTSVILLE, OH

City & State

HARTSVILLE, OH

Zip

Country

Zip

Country

4. FEI Number 34-1764328

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

SCAFIDI, RICK
649 5TH AVE SOUTH
SUITE 218
NAPLES FL 33940

Name **GEOFF SCALERA**
Street Address (P.O. Box Number is Not Acceptable)
12230 HOLLYBUSH TERRACE
City **BRADENTON** **FL** **Zip Code** **34202**

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTC	<input type="checkbox"/> Delete
NAME	CLINE, JERRY L	
STREET ADDRESS	150 GRAND TRUNK	
CITY-ST-ZIP	HARTSVILLE OH 44632	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JERRY L. CLINE, PRES - 3/25/03 (330) 877 7710
Date **Daytime Phone #**

CR2E034 (10/02)