

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003302

1. Entity Name

FIRST CAPITAL RESOURCES.COM, INC.

Principal Place of Business

Mailing Address

2 PRESTIGE PLACE
2650 MCCORMICK DR STE 185
CLEARWATER FL 33759
US

2 PRESTIGE PLACE
2650 MCCORMICK DR STE 185
CLEARWATER FL 33759
US

2. Principal Place of Business

4500 140th AVENUE NORTH

3. Mailing Address

PO BOX 17129

Suite, Apt. #, etc.

220

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33762

Country

USA

Zip

33762

Country

USA

4. FEI Number

87-0438641

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVISSON, DERRI
2650 MCCORMICK DR
STE 185
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4500 140th AVENUE NORTH

Suite 220

City

CLEARWATER

FL

Zip Code

33762

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

Deeri Davison

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-4-01

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	DAVISSON, DERRI	
STREET ADDRESS	2650 MCCORMICK DR STE 185	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MILLER, J S	
STREET ADDRESS	2650 MCCORMICK DR STE 185	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4500 140th AVENUE NORTH #220	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Deeri Davison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-01

727-536-5966



DO NOT WRITE IN THIS SPACE

0388196

CR2E034 (10/00)