

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

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90203 027 ***150.00

DOCUMENT # F99000004322

1. Entity Name

Guaranty Capital Fund Limited, Inc

DO NOT WRITE IN THIS SPACE

B0058944

2. Principal Place of Business

12748 Fox Ridge Dr.
Suite, Apt. #, etc.

3. Mailing Address

12748 Fox Ridge Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

4. FEI Number

59-3583833

Applied For

Not Applicable

Zip

34135

Country

USA

Zip

34135

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Paul A. Spinelli

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

12748 Fox Ridge Dr.

City

Bonita Springs

FL

Zip Code

34135

**DO NOT WRITE
IN THIS SPACE**

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)

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 | <u>President - SECRETARY PAUL A. SPINELLI 12748 Fox Ridge Dr. Bonita Springs, FL 34135</u> |
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IN THIS SPACE**

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:

Paul A. Spinelli
PAUL A. SPINELLI

3/27/02
Date

239-390-0954
Daytime Phone #

CR2E034B (12/01)