

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90234 002 \*\*\*150.00

**DOCUMENT # H43597**

1. Entity Name  
**CAPITAL INVESTMENT, INC.**



Principal Place of Business  
**1282 OAKDALE DRIVE  
LARGO FL 33770**

Mailing Address  
**1282 OAKDALE DRIVE  
LARGO FL 33770**

**11016699**



2. Principal Place of Business

**3514 LANDMARK PL  
Suite, Apt. #, etc.**

3. Mailing Address

**3514 LANDMARK PL  
Suite, Apt. #, etc.**

☒ CHECK HERE IF MAKING CHANGES

City & State

**PALM HARBOR, FL**

City & State

**PALM HARBOR, FL**

4. FEI Number **59-2872944**

Applied For

Not Applicable

Zip

Country

**34684-5012 USA**

Zip

Country

**34684-5012 USA**

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

**BUTLER, ROBERT H  
1282 OAKDALE DRIVE  
LARGO FL 33770-1**

Name

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

**3514 LANDMARK PL**

City

**PALM HARBOR**

FL

Zip Code

**34684**

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

**4-15-03**

**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 **DPST** ☐ Delete  
NAME **BUTLER, ROBERT H**  
STREET ADDRESS **1282 OAKDALE DRIVE**  
CITY-ST-ZIP **LARGO FL 33770**

TITLE **DPST** ☒ Change ☐ Addition  
NAME **BUTLER, ROBERT H**  
STREET ADDRESS **3514 LANDMARK PL**  
CITY-ST-ZIP **PALM HARB**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-03 727 781 3686**

Date

Daytime Phone #

CR2E034 (10/02)