

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90990 001 ***300.00

DOCUMENT # H85465

1. Entity Name
FLORIDA CAPITAL GROUP, INC.



Principal Place of Business
**902 CLINT MOORE RD
STE 220
BOCA RATON FL 33487
US**

Mailing Address
**902 CLINT MOORE RD.
STE 220
BOCA RATON FL 33487
US**



2. Principal Place of Business
117 Pierson Lane
Suite, Apt. #, etc.

3. Mailing Address
117 Pierson Lane
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Sarasota, FL
Zip
34242 Country
Sarasota

City & State
Sarasota, FL
Zip
34242 Country
Sarasota

4. FEI Number
59-2613481

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CONWAY, STEPHEN P.
902 CLINT MOORE ROAD
SUITE 220
BOCA RATON FL 33487**

7. Name and Address of New Registered Agent

Name
Stephen P. Conway
Street Address (P.O. Box Number is Not Acceptable)
117 Pierson Lane
City
Sarasota FL Zip Code
34242

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 **Stephen P. Conway, Pres.** **3-18-03**
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 NAME STREET ADDRESS CITY-ST-ZIP	PVS CONWAY, STEPHEN P. 902 CLINT MOORE RD., SUITE 220 BOCA RATON FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONWAY, STEPHEN P 902 CLINT MOORE ROAD, SUITE 220 BOCA RATON FL 33487	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	117 Pierson Lane Sarasota, FL 34242	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Stephen P. Conway, Pres.** **800-216-2553 ext 329**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

04-36409 AV

CR2E034 (10/02)