2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
05-07-2002 90250 019 ***150.00

DOCUMENT # J12109

1. Entity Name
CAPACITY INSURANCE COMPANY

Principal Place of Business	Mailing Address
% ARNOLD ZISSELMAN 3700 COCONUT CREEK PARKWAY STE 200 COCONUT CREEK FL 33066-1616	% ARNOLD ZISSELMAN 3700 COCONUT CREEK PARKWAY STE 200 COCONUT CREEK FL 33066-1616

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2790499 ☐ 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
ZISSELMAN, ARNOLD 3700 COCONUT CREEK PARKWAY STE 200 COCONUT CREEK FL 33066-1616	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BUTO, DONNA M ~~11400 NW 56 DR. APT 104~~ CORAL SPGS. FL 33076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5823 N.W. 119 DRIVE CORAL SPRINGS, FL 33076
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CST BUTO, FRANCES T. 10975 NW 66 CT PARKLAND FL 33076	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition VP Helen K. Badon 17940 CACHET ISLE DR. TAMPA, FL 33779
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BUTO, STEPHEN 11184 LAKEVIEW DRIVE CORAL SPGS FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition VP Terry CHIAPPELLI 10301 S.W. 16 PLACE ~~Fort Lauderdale, FL 33324~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOODARD, PATRICIA M. 4555 CARAM BOLA CIRCLE COCONUT CREEK FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP ZISSELMAN, ARNOLD 3931 NW 27TH AVE BOCA RATON FL 33434	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP CARTER, ANNETTE 6824 N.W. 24 WAY FT LAUDERDALE FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: SIGNATURE ARNOLD ZISSELMAN, Pres. 4/22/02 (954) 978-9880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
Doc.# J12109
785632

DEPARTMENT OF STATE

Paid By: Capacity Insurance Company
Check #: 10029
Check Date: 04/18/02
Amount: $150.00

Bill #	Invoice #	Tran Date	Due Date	Memo Description	Amount Due	Amount Paid
801100	04/15/02	4/15/02	4/15/02	DOCUMENT # J12109	($150.00)	($150.00)
		Totals:			($150.00)	($150.00)