

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J92673

1. Entity Name

CAPITAL ENHANCEMENT CORPORATION

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90038 013 ***150.00

Principal Place of Business

Mailing Address

~~1400 PRUDENTIAL DR #1~~
~~JACKSONVILLE FL 32207~~

4222 ORTEGA PLACE
JACKSONVILLE FL 32210-6017
US

2. Principal Place of Business

3. Mailing Address

760 Riverside Ave.
Suite, Apt. #, etc.
Suite 222

Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State

Zip
32204

Country

Zip

Country

4. FEI Number 59-2848823

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

ALFORD C. SINCLAIR
~~1400 PRUDENTIAL DRIVE~~
~~SUITE 1~~
~~JACKSONVILLE FL 32207~~

Name

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

760 Riverside Ave.
Suite 222

City

Jacksonville

FL

Zip Code

32204

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

Alford C. Sinclair - President

1/7/00

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, 2000 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
CSP
SINCLAIR, ALFORD C.
4222 ORTEGA PLACE
JACKSONVILLE FL 32210 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Alford C. Sinclair

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00 904-358-8422

Date

Daytime Phone #

CR2E034 (9/99)