## **FILED** 2002 UNIFORM-BUSINESS REPORT (UBR) May 15, 2002 8:00 am § Secretary of State DOCUMENT # L0000010399 05-15-2002 90136 016 \*\*\*\*50.00 FLORIDA CAPITAL VENTURES, LLC Principal Place of Business Mailing Address 342 DEVON PLACE 342 DEVON PLACE 301100 HEATHROW FL 32746 **HEATHROW FL 32746** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3667460 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 500P MARTIN, MIRTHA V CPA Street Address (P.O. Box Number is Not Acceptable) 1321 ARBOR VISTA <del>POÍN</del>T #7-125 LAKE MARY FL 32746 City, Zip Code 8. The above named entity submits this statemen the purpose of changing its registered office or registered agent, or both, in the State of Florida CPA SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE ☐ Delete TITLE Change ☐ Addition NAME UNWIN, TOBY NAME STREET ADDRESS 6165 CARRIER DRIVE, STE. 3806 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME HURN, CHRISTONPHER G NAME STREET ADDRESS 342 DEVON PLACE STREET ADDRESS CITY-ST-7IP **HEATHROW FL 32746** City-St-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGN

Daytime Phone #