2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 06000012871

1. Entity Name

STRATEGY CAPITAL OF FLORIDA, LLC

FILED
01 MAY -2 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
8099 PALOMINO DRIVE		8099 PALOMINO DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: NAPLES, FL		City & State: NAPLES, FL	
Zip: 34113	Country: U.S.	Zip: 34113	Country: U.S.

4. FEI Number: 59-3679380 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: DAVID C. BENNETT

Street Address (P.O. Box Number is Not Acceptable): 8099 PALOMIJO DRIVE

City: NAPLES FL Zip Code: 34113

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], DAVID C. BENNETT 4/30/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

800004303368--9
-05/24/01--01010--021
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		
TITLE	MANAGING MEMBER	☐ Delete
NAME	CAPITAL FUNDING + MANAGEMENT CORP.	
STREET ADDRESS	8099 PALOMINO DRIVE	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	MANAGING MEMBER	☐ Delete
NAME	JAZZPER CAPITAL INC.	
STREET ADDRESS	3185 HORSESHOE DRIVE	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E083 (11/00)

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.

BY: CAPITAL FUNDING + MANAGEMENT CORP., MANAGING MEMBER

SIGNATURE: BY: [signature], PRESIDENT (DAVID C. BENNETT) 4/30/01 941-649-6310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #