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FILED
Apr 21, 2002 8:00 am
Secretary of State

02-18-2002 90181 011 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000007571

1. Entity Name

CAPITAL ADVISORY PARTNERS, LLC

Principal Place of Business

1001 NORTH US HIGHWAY 1
SUITE 503
JUPITER FL 33477

Mailing Address

1001 NORTH US HIGHWAY 1
SUITE 503
JUPITER FL 33477

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

65-1103713

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE
SUITE 500 EAST
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

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 reappointing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
 PRESIDENT
 SCOTT C. NEWQUIST
 STREET ADDRESS 1001 N. US Highway 1, Suite 503
 CITY-ST-ZIP Jupiter, FL 33477

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

TITLE NAME ☐ Delete
 SECRETARY
 AILEEN M. NEWQUIST
 STREET ADDRESS 1001 N. US Highway 1, Suite 503
 CITY-ST-ZIP Jupiter, FL 33477

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

TITLE NAME ☐ Delete
 STREET ADDRESS
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TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 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.

SIGNATURE: *Scott C. Newquist* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

2-7-02 561-743-5822

CR2E083 (8/01)