

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR -9 AM 7:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

DOCUMENT # L02000022811

1. Entity Name
CAPSHAW & KING LLC



Principal Place of Business
15018 GAINESVILLE ROAD
SPRINGHILL, FL 34610

Mailing Address
15018 GAINESVILLE ROAD
SPRINGHILL, FL 34610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4/9

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

16-1630944

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

CAPSHAW, DEIK S
15018 GAINESVILLE ROAD
SPRINGHILL, FL 34610

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME CAPSHAW, DEIK S
STREET ADDRESS 15018 GAINESVILLE ROAD
CITY-ST-ZIP SPRINGHILL, FL 34610

☐ Change ☐ Addition
900015494939
04/03/03--01007--018 **50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Deik S. Capshaw

DEIK S. CAPSHAW 4-2-2003

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

Date

Daytime Phone #

CR2E083 (10/02)