FILED May 02, 2000 8:00 am Secretary of State 05-02-2000 90042 005 ***158.75

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L04725

1. Entity Name

NATIONAL CAPITAL INVESTMENT CORPORATION

Principal Place of Business

Mailing Address

POB 3631

SIGNATURE

POB 3631

CLEARWATER FL 33767

CLEARWATER FL 34689-7908

2. Principal Place of Business POB 271	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

DATE

Applied For 4. FEI Number 59-2961125 Not Applicable FL 34673 <u>Port Richey</u> FLCountry \$8.75 Additional 5. Certificate of Status Desired Fee Required 34673 34673 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u>Same</u> GRANAGHAN, PATRICK T Street Address (P.O. Box Number is Not Acceptable) 10913 N DALE MABRY HWY -TAMPA-FL-33618__ 4253 W. Kennedy Blvd Zip Code 33609-Tampa 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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

(See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change □ Delete TITLE TITLE ARMSTRONG, JUDY A. NAME Same NAME PO-BOX-3631 N/A STREET ADDRESS STREET ADDRESS POB 271 Port Richey, FL34673 CLEARWATER-FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE ARMSTRONG, REX W. NAME NAME Same PO-BOX-3631_N/A STREET ADDRESS STREET ADDRESS POB 271 CLEARWATER FL CITY-ST-ZIP CITY-ST-ZIP Port Richey, FL 3467 Maddition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:

J.Armstrong, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Daytime Phone #