

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90037 012 ***158.75

DOCUMENT # L04725

1. Entity Name

NATIONAL CAPITAL INVESTMENT CORPORATION

Principal Place of Business

**POB 271
 PORT RICHEY FL 34673
 US**

Mailing Address

**POB 271
 PORT RICHEY FL 34673
 US**

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 **59-2961125**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRANAGHAN, PATRICK T
 10913 N. DALE MADRY HWY
 TAMPA FL 33618**

Name **SAME**

Street Address (P.O. Box Number is Not Acceptable)

4253 W. KENNEDY BLVD.

City **TAMPA**

FL

Zip Code **33609-2239**

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 **J. ARMSTRONG, Pres.**
 Signature, typed or printed name of registered agent and title if applicable.

J. A. Pres.
 (NOTE: Registered Agent signature required when reinstating)

1/29/01
 DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **ARMSTRONG, JUDY A.**
 STREET ADDRESS **PO BOX 3631 N/A**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **SAME** ☒ Change ☐ Addition
 NAME **POB 271 PORT RICHEY, FL 34673**

TITLE **DV** ☐ Delete
 NAME **ARMSTRONG, REX W.**
 STREET ADDRESS **PO BOX 3631 N/A**
 CITY-ST-ZIP **CLEARWATER FL**

TITLE **SAME** ☒ Change ☐ Addition
 NAME **PUB 271**
 STREET ADDRESS **PORT RICHEY, FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

13. 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. A. Pres. J. ARMSTRONG, PRES.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)