

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003299

1. Entity Name
CPA CAPITAL MANAGEMENT LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 12 AM 10:47

Principal Place of Business
1250 9TH STREET NORTH, STE 211
NAPLES FL 34102

Mailing Address
1250 9TH STREET NORTH, STE 211
NAPLES FL 34102-5267



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

65-0939119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MJH

6. Name and Address of Current Registered Agent

KRAUSE, WILLIAM N
1250 9TH STREET NORTH, STE 211
NAPLES FL 34102

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

William N Krause
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

9. MANAGING MEMBERS / MEMBERS

TITLE MGRM ☐ Delete
NAME M&K FINANCIAL MANAGEMENT CORPORATION
STREET ADDRESS 1250 9TH STREET NORTH, STE 211
CITY- ST- ZIP NAPLES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME 800003103778--3
STREET ADDRESS -01/20/00--01019--001
CITY- ST- ZIP *****50.00 *****50.00

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

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TITLE ☐ Change ☐ Addition
NAME
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 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:

William N Krause
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/5/00

941-435-3536

Date

Daytime Phone #

CR2E083 (9/99)