

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



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0939119

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
M&K FINANCIAL MANAGEMENT CORPORATION
1250 9TH STREET NORTH, STE 211
NAPLES FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

800003103778--3
-01/20/00--01019--001
*******50.00 *****50.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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CITY-ST-ZIP

Change Addition

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

Date

941-435-3536

Daytime Phone #

CR2E083 (9/99)