

# 2001 UNIFORM BUSINESS REPORT (UBR)

0020423 AF

**DOCUMENT # L99000003299**

**1. Entity Name**  
CPA CAPITAL MANAGEMENT LLC

**FILED**

01 JAN 16 AM 4:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

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

**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

DO NOT WRITE IN THIS SPACE

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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

600003572486--r  
-01/24/01--01013--029  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

**9. MANAGING MEMBERS/MEMBERS**

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>MGRM</b>	<b>M&amp;K FINANCIAL MANAGEMENT CORPORATION</b>	<b>1250 9TH STREET NORTH, STE 211</b>	<input type="checkbox"/> Delete
		<b>NAPLES FL</b>		
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>MGRM</b>	<b>KRAUSE, WILLIAM N.</b>	<b>1250 9TH STREET NORTH, STE 211</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>NAPLES, FL 34102</b>			
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

**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:** William N. Krause  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)