

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008418
1. Entity Name
 CAPITAL ADVANCE INVESTMENT MANAGEMENT, LLC

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 AUG 28 AM 10:02

Principal Place of Business
 4524 DEVONSHIRE BLVD.
 PALM HARBOR FL 34685

Mailing Address
 4524 DEVONSHIRE BLVD.
 PALM HARBOR FL 34685

2. Principal Place of Business
 2701 NORTH ROCKY POINT DR
 Suite, Apt. #, etc.
 SUITE 990

3. Mailing Address
 2701 NORTH ROCKY POINT DR
 Suite, Apt. #, etc.
 SUITE 990



DO NOT WRITE IN THIS SPACE

City & State TAMPA FL
Zip 33607 **Country** US

4. FEI Number 59-3610044 **Applied For** ☐ **Not Applicable** ☒

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
 LELEKACS, MARK
 4524 DEVONSHIRE BLVD.
 PALM HARBOR FL 34685

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 A MARK LELEKACS *Mark Lelekacs* 8/8/2000
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/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: *SG Mark Lelekacs* 8/8/2000 813-289-4522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (5/00)