

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90085 004 ***150.00

DOCUMENT # M74870

1. Entity Name
CAPITOL GUARANTY HOLDING CORPORATION



Principal Place of Business
**4334 E. TRADEWINDS AVENUE
LAUDERDALE-BY-THE-SEA FL 33308**

Mailing Address
**4334 E. TRADEWINDS AVENUE
LAUDERDALE-BY-THE-SEA FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0115974**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SORENSEN, EVERETT
4334 E TRADEWINDS AVE
LAUDERDALE BY THE SEA FL 33308**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PTD SORENSON, EVERETT**
STREET ADDRESS **4334 E. TRADEWINDS AVENUE**
CITY-ST-ZIP **LAUDERDALE BY-THE-SEA FL 33308**

TITLE ☐ Change ☒ Addition
NAME **D ROBERT POLYASKO**
STREET ADDRESS **4402 OCEAN DRIVE**
CITY-ST-ZIP **LAUDERDALE BY THE SEA, FL 33308**

TITLE ☐ Delete
NAME **SD COBB, KEITH D**
STREET ADDRESS **2521 DEL LARGO DRIVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

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

TITLE ☐ Delete
NAME **D SORENSON, GREGORY**
STREET ADDRESS **PO BOX 599**
CITY-ST-ZIP **HORSHAM PA 19044**

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

TITLE ☐ Delete
NAME **D BEGGS, WILLIAM F**
STREET ADDRESS **2929 E COMMERCIAL BLVD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

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

TITLE ☐ Delete
NAME **D GASSER, BARBARA**
STREET ADDRESS **4604 BOUGAINVILLE DRIVE**
CITY-ST-ZIP **LAUDERDALE BY THE SEA FL 33308**

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

TITLE ☐ Delete
NAME **D JOHNSON, OSCAR K**
STREET ADDRESS **9 S.E. 11TH AVENUE**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA GASSER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03 954-491-5289

Date Daytime Phone #

CR2E034 (10/02)