

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90114 019 \*\*\*150.00

**DOCUMENT # P00000015609**

1. Entity Name  
**CAPPOLA CAPITAL CORPORATION**

Principal Place of Business  
**4905 34TH STREET SOUTH #108**  
**ST. PETERSBURG FL 33711**

Mailing Address  
**4905 34TH STREET SOUTH #108**  
**ST. PETERSBURG FL 33711**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1120 Pinellas Bayway**  
 Suite, Apt. #, etc.  
**# 106**

3. Mailing Address  
**1120 Pinellas Bayway**  
 Suite, Apt. #, etc.  
**# 106**

City & State  
**Tiara Verde, FL**  
 Zip  
**33715**  
 Country  
**USA**

City & State  
**Tiara Verde, FL**  
 Zip  
**33715**  
 Country  
**USA**

4. FEI Number  
**59-3625519**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CAPPOLA, PAUL**  
**4905 34TH STREET SOUTH #108**  
**ST. PETERSBURG FL 33711**

**7. Name and Address of New Registered Agent**

Name  
**PAUL CAPPOLA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1120 Pinellas Bayway #106**  
 City  
**Tiara Verde FL** Zip Code  
**33715**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-20-02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**P**  
**CAPELA, PAUL**  
**4905 34TH STREET SOUTH #108**  
**SAINT PETERSBURG FL 33711** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**spelling correction**  
**CAPPOLA, PAUL** ☐ Change ☐ Addition

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

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☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-20-02** **727-906-3407**

CR2E034 (9/01)