2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91594 033 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000026690

1. Entity Name
Capitol Products, inc

Principal Place of Business
Orlando, Florida

Mailing Address
1782 ALAQUA LAKES BLVD.
Longwood FL 32779

2. Principal Place of Business	3. Mailing Address
Orlando Florida	1782 ALAQUA LAKES BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LONGWOOD FL	City & State: Longwood FL
Zip: 32779	Country: SEMINOLE	Zip: 32779	Country: USA

4. FEI Number: 59-3631496 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOWMAN, WILLIAM R JR.
315 EAST ROBINSON ST Suite 600
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name: CARTER L. RUCKER
Street Address (P.O. Box Number is Not Acceptable): 1782 ALAQUA LAKES BLVD.
City: LONGWOOD FL Zip Code: 32779

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] CARTER L RUCKER, Pres 5/1/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

[illegible]

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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] CARTER L. RUCKER Pres 5/1/01 407 333-1399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #