

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90128 046 \*\*\*150.00

AC061905

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P00000039464**  
 1. Entity Name: **Southwell Capps Eberly Inc**  
**5623 U.S. Hwy 19S**  
**Suite 110**  
**New Port Richey FL 34652**

Principal Place of Business: **5623 US Hwy 19S**  
**Suite 110**  
**New Port Richey FL 34652**

2. Principal Place of Business: **Suite, Apt. #, etc.**

3. Mailing Address: **Suite, Apt. #, etc.**

City & State: **City & State**

Zip: **Country** Zip: **Country**

4. FEI Number: **59-3636356** Applied For: ☐ Not Applicable: ☐

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

6. Name and Address of Current Registered Agent  
**Eberly, Lawrence**  
**6765 Copperfield Dr**  
**New Port Richey FL 34655**

7. Name and Address of New Registered Agent  
 Name:   
 Street Address (P.O. Box Number is Not Acceptable):   
 City: **FL** Zip Code:   
 State: **FL**

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: **Lawrence Eberly** DATE: **4-23-01**  
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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                      | <input type="checkbox"/> Delete |  |
| NAME                       | <b>D Eberly, Lawrence</b>       |  |
| STREET ADDRESS             | <b>6765 Copperfield Dr</b>      |  |
| CITY- ST- ZIP              | <b>New Port Richey FL 34655</b> |  |
| TITLE                      | <input type="checkbox"/> Delete |  |
| NAME                       | <b>PS Eberly, Lawrence</b>      |  |
| STREET ADDRESS             | <b>6765 Copperfield Dr.</b>     |  |
| CITY- ST- ZIP              | <b>New Port Richey FL 34655</b> |  |
| TITLE                      | <input type="checkbox"/> Delete |  |
| NAME                       |                                 |  |
| STREET ADDRESS             |                                 |  |
| CITY- ST- ZIP              |                                 |  |
| TITLE                      | <input type="checkbox"/> Delete |  |
| NAME                       |                                 |  |
| STREET ADDRESS             |                                 |  |
| CITY- ST- ZIP              |                                 |  |
| TITLE                      | <input type="checkbox"/> Delete |  |
| NAME                       |                                 |  |
| STREET ADDRESS             |                                 |  |
| CITY- ST- ZIP              |                                 |  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                 |                                   |
|---|---------------------------------|-----------------------------------|
| TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME  |                                 |                                   |
| STREET ADDRESS  |                                 |                                   |
| CITY- ST- ZIP   |                                 |                                   |
| TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME  |                                 |                                   |
| STREET ADDRESS  |                                 |                                   |
| CITY- ST- ZIP   |                                 |                                   |
| TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME  |                                 |                                   |
| STREET ADDRESS  |                                 |                                   |
| CITY- ST- ZIP   |                                 |                                   |
| TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME  |                                 |                                   |
| STREET ADDRESS  |                                 |                                   |
| CITY- ST- ZIP   |                                 |                                   |
| TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME  |                                 |                                   |
| STREET ADDRESS  |                                 |                                   |
| CITY- ST- ZIP   |                                 |                                   |

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: **Lawrence Eberly Pres** DATE: **4-23-01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)