

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000067145

1. Entity Name

CAPITAL FUNDING ENTERPRISES, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90010 018 ***150.00

Principal Place of Business

8401 9TH ST. NORTH, STE. 350
ST. PETERSBURG FL 33702

Mailing Address

8401 9TH ST. NORTH, STE. 350
ST. PETERSBURG FL 33702

643433



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3341609

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

CHECHELE, T.S.
5625 CENTRAL AVE.
ST. PETERSBURG FL 33710

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

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)

☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BOSWORTH, LARRY
STREET ADDRESS 8401 9TH ST. NORTH, STE. 350
CITY-ST-ZIP ST. PETERSBURG FL 33702

☐ Delete

TITLE VD
NAME BOSWORTH, PAUL L
STREET ADDRESS 8401 9TH ST. NORTH, STE. 350
CITY-ST-ZIP ST. PETERSBURG FL 33702

☐ Delete

TITLE SD
NAME BOSWORTH, ELAINE
STREET ADDRESS 8401 9TH ST. NORTH, STE. 350
CITY-ST-ZIP ST. PETERSBURG FL 33702

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CITY-ST-ZIP

☐ 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

Res.

Date

4/17/01 727-577-1500

Daytime Phone #

CR2E034 (10/00)