

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90050 021 ***150.00

DOCUMENT # P00000101129

1. Entity Name
ALL BUSINESS CAPITAL, INC.

Principal Place of Business
3204 FAIR OAKS AVE
TAMPA FL 33611

Mailing Address
3204 FAIR OAKS AVE
TAMPA FL 33611

2. Principal Place of Business
4230 S. MacDill Ave

3. Mailing Address
4230 S. MacDill Ave

Suite, Apt. #, etc.
SUITE 216

Suite, Apt. #, etc.
SUITE 216

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33611

Country
FLORIDA

4. FEI Number
65-1065195

Applied For
 Not Applicable

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

MARQUARDT, EMIL C JR
625 COURT ST, 2ND FL
CLEARWATER FL 33756

Name
ROBERT F. MACKAY
 Street Address (P.O. Box Number is Not Acceptable)
4230 S. MacDill Ave
SUITE 216
 City
TAMPA **FL** Zip Code
33611

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 *Robert F. Mackay* **ROBERT F. MACKAY** **2/12/01**
 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)

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	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARQUARDT, EMIL C JR		NAME	ROBERT F. MACKAY	
STREET ADDRESS	625 COURT ST		STREET ADDRESS	4230 S. MacDill Ave, Suite 216	
CITY-ST-ZIP	CLEARWATER FL 33756		CITY-ST-ZIP	TAMPA, FL 33611	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Robert F. Mackay* **ROBERT F. MACKAY** **2/12/01** **813-835-6655**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)