

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91598 039 \*\*\*150.00

DOCUMENT # P01000000381 ✓  
1. Entity Name

SOUTH FLORIDA CAPITAL, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1923 IOWA AVE NE  
Suite, Apt. #, etc.

3. Mailing Address  
1923 IOWA AVE NE  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
ST. PETERSBURG, FL  
Zip 33703 Country U.S.A.

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Zip 33703 Country U.S.A.

4. FEI Number  
59-3693500  
Applied For  
Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

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

Name KENNETH P. SLABY  
Street Address (P.O. Box Number is Not Acceptable)  
1923 IOWA AVE NE

City ST. PETERSBURG FL Zip Code 33703

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 Kenneth P. Slaby, President KENNETH P. SLABY, PRESIDENT 4/29/02  
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) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 P/D  
NAME KENNETH P. SLABY  
STREET ADDRESS 1923 IOWA AVE NE  
CITY-ST-ZIP ST. PETERSBURG, FL. 33703

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth P. Slaby  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 727-528-7999  
Date Daytime Phone #

CR2E034B (12/01)