

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

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90377 040 \*\*\*150.00

DOCUMENT # **FO1000021032**

1. Entity Name

**CAPITAL FIRST FINANCIAL SERVICES INC.**  
**9690 W. SAMPLE RD. #102**  
**CONAL SPRINGS, FL. 33065**

**DO NOT WRITE IN THIS SPACE**

**B0127910**

2. Principal Place of Business

**9690 W. SAMPLE RD**

Suite, Apt. #, etc.

**102**

3. Mailing Address

**← SAME**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**CONAL SPRINGS, FL.**

City & State

4. FEI Number

**65-10 83206**

Applied For

Not Applicable

Zip

**33065**

Country

**BRUNARD**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**LARRY SCHWANTZ**

Street Address (P.O. Box Number is Not Acceptable)

**12688 CLASSIC DR.**

City

**CONAL SPRINGS, FL.**

FL

Zip Code

**33071**

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

**Jerry Schantz**

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	<b>PRESIDENT</b>
NAME	<b>LARRY SCHWANTZ</b>
STREET ADDRESS	<b>12688 CLASSIC DR</b>
CITY-ST-ZIP	<b>CONAL SPRINGS, FL. 33071</b>
TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

**Jerry Schantz**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-3-02**

Date

**954-752-5434**

Daytime Phone #

CR2E034B (12/01)