

# 2002 UNIFORM BUSINESS REPORT (UBR)

0102201 AV

DOCUMENT # P01000033989

1. Entity Name  
CAPITAL PROPERTIES AND SERVICES, INC.

FILED

02 NOV 22 PM 12:36

Principal Place of Business  
6360 TAMiami TRAIL S  
SARASOTA FL 34231

Mailing Address  
6360 TAMiami TRAIL S  
SARASOTA FL 34231

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



2. Principal Place of Business  
4956 So Tamiami Trail  
Suite, Apt. #, etc.

3. Mailing Address  
4956 So Tamiami Trail  
Suite, Apt. #, etc.

REINSTATEMENT 02  
DO NOT WRITE IN THIS SPACE

City & State  
SARASOTA FLORIDA

City & State  
SARASOTA FLORIDA

4. FEI Number  
65-1100226  
Applied For  
Not Applicable

Zip  
34231  
Country  
SARASOTA

Zip  
34231  
Country  
SARASOTA

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

## 6. Name and Address of Current Registered Agent

BARBER, GEORGE  
6360 TAMiami TRAIL S  
SARASOTA FL 34231

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
4956 South Tamiami Trail  
City  
SARASOTA FL Zip Code  
34231

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE GEORGE BARBER [Signature] 11-19-2002  
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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	D BELES, FREDERICK 6360 TAMiami TRAIL S SARASOTA FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBERG, P. DAVID 6360 TAMiami TRAIL S SARASOTA FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELES, CECILIA 6360 TAMiami TRAIL S SARASOTA FL 34231	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4956 So Tamiami Trail SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4956 So Tamiami Trail SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4956 So Tamiami Trail SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SECRETARY ROXANNE FOLEY 4956 So Tamiami Trail SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700009173547 11/22/02--01074--007 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: FREDERICK D. BELES [Signature] 11-19-2002 921-1000 (941)

CR2E034 (4/02)