

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

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90148 044 ***150.00

DOCUMENT # **701000049031**

1. Entity Name
All-Florida Capital Investment Corp. ✓

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975678

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2. Principal Place of Business
4721 S. Orange Avenue

3. Mailing Address
4721 S. Orange Avenue

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number
59-3718882

Applied For
Not Applicable

Zip
32806

Country
Orange

Zip
32806

Country
Orange

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

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7. Name and Address of Current Registered Agent

Name **Jeffrey E. Perdue**
Street Address (P.O. Box Number is Not Acceptable)
4500 South Shore Drive
City **Orlando** FL Zip Code **32839**

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 **Perdue** Director, President, Vice President **8/15/02**
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 **Director, President, Vice President**
NAME **Jeffrey E. Perdue**
STREET ADDRESS **4500 South Shore Drive**
CITY-ST-ZIP **Orlando, FL 32839**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director, Secretary, Treasurer**
NAME **Karen L. Perdue**
STREET ADDRESS **4500 South Shore Drive**
CITY-ST-ZIP **Orlando, FL 32839**

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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: **Perdue** **8/15/02** **407-367-6060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)