

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90301 036 \*\*\*150.00

**DOCUMENT # P01000050795**

1. Entity Name

**FINANCIAL SOURCE CAPITAL CORPORATION**

Principal Place of Business

Mailing Address

~~515 NORTHWOOD RD.~~ **725 N AIA #108**  
~~WEST PALM BEACH FL 33402~~ **Jupiter FL 33477**  
~~263 MOCCASIN TRAIL W.~~ **725 N AIA #108**  
~~JUPITER FL 33458~~ **Jupiter FL 33477**

2. Principal Place of Business

3. Mailing Address

**725 N AIA**

**725 N AIA**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**A108**

**A108**

City & State

City & State

**Jupiter FL**

**Jupiter FL**

Zip

Country

Zip

Country

**33477 USA**

**USA**

**33477**

**USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLAPRETE, LINDA T**

~~263 MOCCASIN TRAIL W.~~ **209 Golfview Dr.**  
~~JUPITER FL 33458~~ **Tequesta, FL 33469**

Name

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

City

**FL**

Zip Code

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

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, 2002 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 **P** ☐ Delete  
NAME **COLAPRETE, LINDA T**  
STREET ADDRESS **209 Golfview Dr.**  
CITY-ST-ZIP **JUPITER FL 33458 Tequesta FL 33469**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/10/02 561-745-9800**  
Date Daytime Phone #

CR2E034 (9/01)