

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000089252

FILED
Apr 26, 2002 8:00 AM
Secretary of State

Entity Name: CAPSTONE UNDERWRITING MANAGERS, INC.

Current Principal Place of Business:

144 FIRST AVE S, SUITE 600
ST PETERSBURG, FL 33701

New Principal Place of Business:

100 FIRST AVE S, SUITE 600
ST PETERSBURG, FL 33701

Current Mailing Address:

144 FIRST AVE S, SUITE 600
ST PETERSBURG, FL 33701

New Mailing Address:

100 FIRST AVE S, SUITE 600
ST PETERSBURG, FL 33701

FEI Number: 59-3745204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIMMONS, GARY S
144 FIRST AVE S, SUITE 600
ST PETERSBURG, FL 33701

Name and Address of New Registered Agent:

SIMMONS, GARY S
100 FIRST AVE S, SUITE 600
ST PETERSBURG, FL 33701

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:

04/26/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OBREGON, JAMES M
Address: 3894 FORT TRAIL NE
City-St-Zip: ROSWELL, GA 30075

Title: D () Delete
Name: REX, MARK R
Address: 3890 FORT TRAIL NE
City-St-Zip: ROSWELL, GA 30075

Title: D () Delete
Name: SHEPHERD, DAVID M
Address: 955 TRESILLIAN CT
City-St-Zip: ALPHARETTA, GA 30022

Title: D () Delete
Name: SMITH, GRAEME H
Address: 17920 GULF BLVD, APT 1803
City-St-Zip: REDINGTON SHORES, FL 33708

Title: D () Delete
Name: SIMMONS, GARY S
Address: 144 FIRST AVENUE SOUTH, SUITE 600
City-St-Zip: ST PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY SIMMONS

D

04/26/2002

Electronic Signature of Signing Officer or Director

Date