

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

09-09-2002 90021 025 \*\*\*550.00

**DOCUMENT # P01000104910**

1. Entity Name  
**FIRST CAPITAL LENDING SERVICES, INC.**

Principal Place of Business  
**1041 W COMMERCIAL BLVD #10 2**  
**FT LAUDERDALE FL 33309**

Mailing Address  
**1041 W COMMERCIAL BLVD #10 2**  
**FT LAUDERDALE FL 33309**

2. Principal Place of Business  
**1041 W. COMMERCIAL BLVD.**  
 Suite, Apt. #, etc.  
**SUITE 102**

3. Mailing Address  
**1041 W. COMMERCIAL BLVD.**  
 Suite, Apt. #, etc.  
**SUITE 102**

City & State  
**FORT LAUDERDALE, FL**

City & State  
**FORT LAUDERDALE, FL**

Zip  
**33309** Country  
**USA**

Zip  
**33309** Country  
**USA**

4. FEI Number  
**651149421**

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**RUSSELL, WILLIAM JR**  
**1041 W COMMERCIAL BLVD #10 2**  
**FT LAUDERDALE FL 33309**

## 7. Name and Address of New Registered Agent

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

SIGNATURE \_\_\_\_\_ (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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RUSSELL, WILLIAM JR	
STREET ADDRESS	1041 W COMMERCIAL BLVD #10 2	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** William R. Russell, JR. **9/5/02** **866-720-2012**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (4/02)