

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

FILED

DOCUMENT # P01000112889
1. Entity Name
Capital Mortgage Corporation



03 FEB -5 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7380 Sand Lake Rd
Suite, Apt. #, etc.
500
City & State
Orlando, FL
Zip
32819
Country
US

3. Mailing Address
7380 Sand Lake Rd.
Suite, Apt. #, etc.
500
City & State
Orl., FL
Zip
32819
Country
US

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4. FEI Number
59 376 0583
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name Patrick Fichtner
Street Address (P.O. Box Number is Not Acceptable)
357 Hawthorne Grove # 201
Orl
City Orlando FL Zip Code 32808

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 *Pat Fichtner* Patrick Fichtner Registered Agent 2-3-03
Signature, typed or printed name of registered agent and the fee applicable. (NOTE: Registered Agent signature required when re-registering.)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Patrick Fichtner President 357 Hawthorne Grove Apt 201 Orlando, FL 32835
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Vice President Rosetta Wallis 4101 Pin Oak Pl # 306 Longwood, FL 32779
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DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pat Fichtner* Patrick Fichtner President 2-3-03 407 463-8921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)