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## 2002 Uniform Business Report (UBR)

## Mar 27, 2002 8:00 am DOCUMENT # P01000115447 **Secretary of State** 1. Entity Name 03-27-2002 90044 009 \*\*\*150.00 CAPITOL HILL VENTURES, INC. Principal Place of Business Mailing Address 2145 14 AVE. STE 20 2145 14 AVE. STE 20 VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROOKER, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 2145 14 AVE. STE 20 VERO BEACH FL 32960 Zip Code City 8. The above named entity submits this statement for typical purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01) ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME BROOKER, ELIZABETH NAME STREET ADDRESS 2145 14 AVE, STE 20 STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP آرDelete. TITLE TITLE\_. \_\_\_\_Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 acquirate 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 appowered 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 attachmen with an address, with all they like empowered.

SIGNATURE: SIGNATURE AND TO PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #