## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

JACKSONVILLE FL 32235-034

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

CAPITAL FUNDING INVESTMENTS, INC.

1. Entity Name

P.O. BOX 350343

P02000039371

Mailing Address

P.O. BOX 350343

3. Mailing Address

Suite, Apt. #, etc.

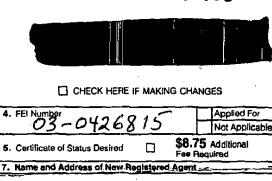
City & State

JACKSONVILLE FL 32235-034

## FILED Jun 18, 2003 8:00 am Secretary of State

05-13-2003 90048 003 \*\*\*150.00

55048891



6. Name and Address of Current Registered Agent EKKAWI, RADWAN Street Address (P.O. Box Number is Not Acceptable) 4431 FULTON ROAD JACKSONVILLE FL 32225 City 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 Signature, typed or printed name of registered again and title if applicable. (NOTE: Registered Agent signature required when rematating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11: TITLE ☐ Change ☐ Addition TITLE Delete NAME EKKAWI, RADWAN NAME **4431 FULTON ROAD** STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32225 CITY-ST-ZIP CITY-ST-ZIP EKKAWI RADWAN
4431 FUITON Rd
JACKSONVIII FL 3 TYLE Delete TITLE NAME SMAN COATES, IONA K STREET ADDRESS 1794 ROGERO ROAD STREET ADDRESS JACKSONVILL 32225 CITY-ST-7IP JACKSONVILLE FL 32211 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition | ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

Country

12. I hereby certify that the information supplied with this furb 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 Block 11 if changed, or on an attachment with an address, with a lother like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

MILE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

E BEOURED

☐ Delete

519/03

Daytime Phone #

☐ Change

□ Addition

CR2E034 (10/02)