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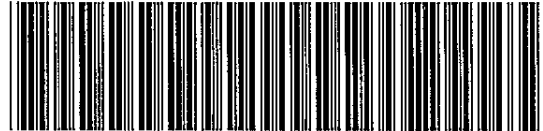
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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October 22, 2002

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Capital Financial Corp.

**Filing Evidence**

- ☒ Plain/Confirmation Copy
- ☐ Certified Copy

**Retrieval Request**

- ☐ Photocopy
- ☐ Certified Copy

**Type of Document**

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include  
- Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,  
this statement of change is submitted for a corporation organized under the laws of the State of  
FL in order to change its registered office or registered agent, or both, in the State  
of Florida.

1. The name of the corporation: CAPITAL FINANCIAL CORPORATION  
2. The principal office address: 4701 N. Federal Hwy # 380  
Lighthouse Point FL 33064  
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: June-18-02 Document number: P02000067158  
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

Lisa Rose  
4701 N. Federal Hwy # 400  
Lighthouse Point FL 33064

6. The name and street address of the new registered agent (if changed) and /or registered office  
changed):

Michael Milam  
4701 N. Federal Hwy # 380  
Lighthouse Point FL 33064  
(P.O. Box or personal mailbox NOT acceptable)

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The street address of its registered office and the street address of the business office of its registered  
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

Lisa Rose  
(Signature of an officer, chairman or vice chairman of the board)

Lisa Rose  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete  
performance of my duties, and I am familiar with and accept the obligation of my position as  
registered agent. Or, if this document is being filed merely to reflect a change in the registered  
office address, I hereby confirm that the corporation has been notified in writing of this change.

Michael Milam  
(Signature of Registered Agent)

10-15-02  
(Date)

If signing on behalf of an entity:

Michael Milam  
(Typed or Printed Name)

Pres / Reg Agent  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314