2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000090875

Entity Name: CAPM. INC.

FILED Apr 20, 2003 Secretary of State

Littly Nai	IIC. CAFIVI, II	NC.					
Current Principal Place of Business:				New Principal Place of Business:			
654 N PINE OVIEDO, F							
Current Mailing Address:				New Mailing Address:			
654 N PINE OVIEDO, F							
FEI Number: 55-0795829 FEI Number Applied For () F			FEI Nun	nber Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
COOPER, 654 N PINE OVIEDO, F	E AVE	JS					
The above in the State		submits this statement for the p	ourpose o	f changing it	ts registere	ed office or registered agent, or both,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered Age	ent			Date	
	npaign Financir S AND DIREC	g Trust Fund Contribution(). CTORS:		ADDITION	S/CHANG	ES TO OFFICERS AND DIRECTOR	S:
Title: Name: Address: City-St-Zip:	D (COOPER, DAV 654 N PINE AV OVIEDO, FL 3	Æ		Title: Name: Address: City-St-Zip:	PRES COOPER, I 654 N PINE OVIEDO, F	EAVE	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	SEC LYONS, AN 8837 LATR ORLANDO,	EC AVE APT 305	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:		() Change (X) Addition ELVIN L TAL RIDGE CT Y, FL 32746	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID J COOPER PRES 04/20/2003