

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90130 016 \*\*\*158.75

**DOCUMENT # P02000096563**

1. Entity Name  
**CAPITOL MANAGEMENT SERVICES, INC.**



Principal Place of Business  
**21218 ST. ANDREWS BOULEVARD  
204  
BOCA RATON FL 33433**

Mailing Address  
**21218 ST. ANDREWS BOULEVARD  
204  
BOCA RATON FL 33433**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. EEI Number

**56-2341695**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, ESQ., ALEXANDER J JR  
150 SOUTH PINE ISLAND ROAD  
400  
FORT LAUDERDALE FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **DEL VECCHIO, PAUL J**  
STREET ADDRESS **21218 ST. ANDREWS BOULEVARD, #204**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08/29/2003 521-23A-9346**

Date

Daytime Phone #

CR2E034 (4/03)

Attachment  
90154535

**CAPITOL MANAGEMENT SERVICES, INC.**

August 29, 2003

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

RE: DOCUMENT #P02000096563

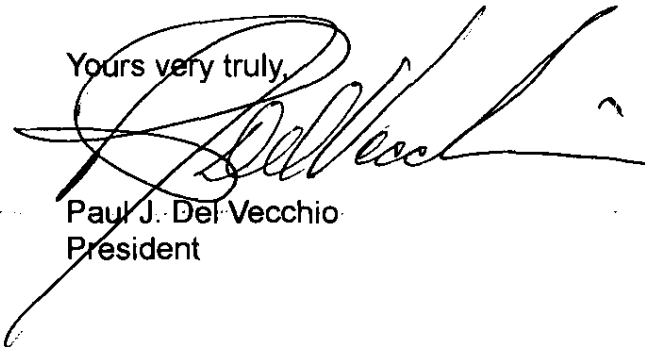
Gentlemen:

The purpose of this letter is to advise that the 2003 Uniform Business Report for Capitol Management Services, Inc. was not received until August, 2003.

Since we did not receive the Uniform Business Report earlier this year in order to file prior to May 1, 2003, we respectfully request that the late fees of \$400.00 be waived.

Thank you for your consideration in this matter. If you have any questions or require additional information, please do not hesitate to contact me.

Yours very truly,



Paul J. Del Vecchio  
President

Enclosures