

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90063 034 ***150.00

DOCUMENT # P94000015925

1. Entity Name

CAPITAL MORTGAGE PARTNERS, INC.



Principal Place of Business

% ANTHONY WEBB, PRESIDENT
8528 OLD COUNTRY MANOR. #113
DAVIE FL 33328
US

Mailing Address

% ANTHONY WEBB, PRESIDENT
8528 OLD COUNTRY MANOR. #113
DAVIE FL 33328
US

2. Principal Place of Business

3. Mailing Address

8528 OLD COUNTRY MANOR

Suite, Apt. #, etc.

113

City & State

DAVIE FL

Zip

33328

Country

U.S.A.

City & State

DAVIE FL

Zip

33328

Country

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City & State

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U.S.A.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0501751**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEBB, ANTHONY
8528 OLD COUNTRY MANOR #713
DAVIE FL 33328

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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 **WEBB, ANTHONY**
STREET ADDRESS **8528 OLD COUNTRY MANOR**
CITY-ST-ZIP **DAVIE FL 33328**

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

TITLE **VP** ☐ Delete
NAME **DUCKHAM, JEFFREY**
STREET ADDRESS **5760 N.E. 17 AVE.**
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03

(954) 522-2259

Date

Daytime Phone #

CR2E034 (10/02)