

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000029024**

1. Entity Name

**C B CAPITAL, INC.****FILED****May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90026 037 \*\*\*150.00

Principal Place of Business

Mailing Address

**35008 EMERALD COAST PKWY  
SUITE 400  
DESTIN FL 32541  
US****35008 EMERALD COAST PKWY  
SUITE 400  
DESTIN FL 32541-4753  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**10065 US Hwy 98 West**

3. Mailing Address

**10065 Hwy 98 West**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite C-4****Suite C-4**City & State  
**Destin FL**City & State  
**Destin FL**4. FEI Number  
**58-2112699**

Applied For

Not Applicable

Zip  
**32541**Country  
**Walton**Zip  
**32541**Country  
**Walton**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

**FORBES, JAMIE III  
35008 EMERALD COAST PARKWAY  
STE. 400  
DESTIN FL 32541**

Name

**Forbes, Jamie III**

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

**10065 US Hwy 98 West****Suite C-4**

City

**Destin****FL**

Zip Code

**32541**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORBES, JAMES III</b>	NAME	<b>Forbes, James III</b>
STREET ADDRESS	<b>35008 EMERALD COAST PKWY, STE. 400</b>	STREET ADDRESS	<b>10065 US Hwy 98 West Suite 4C</b>
CITY-ST-ZIP	<b>DESTIN FL</b>	CITY-ST-ZIP	<b>Destin FL 32541</b>
TITLE	<b>ST</b> <input type="checkbox"/> Delete	TITLE	<b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPSON, DENNIS C</b>	NAME	<b>Thompson, Dennis C</b>
STREET ADDRESS	<b>35008 EMERALD COAST PKWY, STE. 400</b>	STREET ADDRESS	<b>10065 US Hwy 98 West Suite 4C</b>
CITY-ST-ZIP	<b>DESTIN FL</b>	CITY-ST-ZIP	<b>Destin FL 32541</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 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

DATE

Daytime Phone #

**4/26/00****850 837-6400**