

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000060324

1. Entity Name

CAPITAL BUSINESS SYSTEMS, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90106 032 ***150.00

Principal Place of Business

2777 CAPITAL CIRCLE N.E.
TALLAHASSEE FL 32308

Mailing Address

2777 CAPITAL CIRCLE N.E.
TALLAHASSEE FL 32308

↓ Moved to

2. Principal Place of Business

2777 Nicossuke Road

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

4. FEI Number 59-3261217

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARTE, RICHARD K
3701 GALWAY DRIVE
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

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.

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, 2001 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

TITLE P
NAME HARTE, RICHARD K.
STREET ADDRESS 2777 CAPITAL CIRCLE NE 2777 Nicossuke Road
CITY-ST-ZIP TALLAHASSEE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

1/19/01

Date

Daytime Phone #

CR2E034 (10/00)

0027757