

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000333

1. Entity Name

CAPITOL MARKETING CONCEPTS, INC.

FILED

Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90245 041 ***150.00

Principal Place of Business

1 BEACH DRIVE
SUITE 201-M
ST PETERSBURG FL 33701

Mailing Address

1 BEACH DRIVE
SUITE 201-M
ST PETERSBURG FL 33701

2. Principal Place of Business

696 1st Avenue, North

Suite, Apt. #, etc.

Suite 400

City & State

St. Petersburg, FL

Zip

33701

Country

U.S.A.

3. Mailing Address

696 1st Avenue, North

Suite, Apt. #, etc.

Suite 400

City & State

St. Petersburg, FL

Zip

33701

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3287604

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BELL, BRIAN
1 BEACH DRIVE
SUITE 201-M
ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name

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

696 1st Avenue, North

Suite 400

City

St. Petersburg

Zip Code

33701

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 re-statuting)

DATE

BRIAN E. BELL

4-19-01

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	CEO	☐ Delete
NAME	BELL, BRIAN	
STREET ADDRESS	4280 13TH LANE N.E.	
CITY-STATE-ZIP	ST PETERSBURG FL 33703	
TITLE	VD	☐ Delete
NAME	COFFEEN, THOMAS	
STREET ADDRESS	720 118TH AVE	
CITY-STATE-ZIP	TREASURE ISLAND FL 33706	
TITLE	SVP	☐ Delete
NAME	DELCORSO, NICHOLAS	
STREET ADDRESS	3 BELLEVUE DR	
CITY-STATE-ZIP	TREASURE ISLAND FL 33706	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	10108 TARPON DRIVE	
CITY-STATE-ZIP	TREASURE ISLAND, FL 33706	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☒ Addition
NAME	D. JOHN MEJIA	
STREET ADDRESS	100 BEACH DRIVE, UNIT 1501	
CITY-STATE-ZIP	ST. PETERSBURG, FL 33701	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 #

4/19/01

727 895 8151

CR2E034 (10/00)