

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 21, 2001 8:00 am
Secretary of State

05-21-2001 90342 040 ***150.00

DOCUMENT # P95000031080
1. Entity Name
CAPITAL FUNDING + MANAGEMENT CORP.

Principal Place of Business Mailing Address

00068560

2. Principal Place of Business 870 BALD EAGLE DRIVE
Suite, Apt. #, etc. 6.8
3. Mailing Address 8099 PALOMINO DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MARCO ISLAND FL
Zip 34145 Country U.S.
City & State NAPLES FL
Zip 34113 Country U.S.

4. FEI Number 65-0577678
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
Name DAVID C. BENNETT
Street Address (P.O. Box Number is Not Acceptable)
8099 PALOMINO DRIVE
City NAPLES FL Zip Code 34113

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 David C. Bennett DAVID C. BENNETT 4/30/01
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/D ☐ Delete
NAME DAVID C. BENNETT
STREET ADDRESS 8099 PALOMINO DRIVE
CITY-ST-ZIP NAPLES, FL 34113
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP
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TITLE ☐ Delete
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CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: David C. Bennett PRESIDENT (DAVID C. BENNETT) 4/30/01 941-649-6310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)