## 2002 Uniform Business Report (UBR)

SIGNATURE/

1. Entity Name  CAPITAL SUCCESS, INC.						Secretary of State 04-09-2002 90015 012 ***150.00			
Principal Place of Business 6555 N. BISCAYNE DRIVE NORTH PORT FL 34287		Mailing Address 6555 N. BISCAYNE DRIVE NORTH PORT FL 34287							
2. Principal Place of Business		3. Mailing Address					<b>i i</b> i i i i i i i i i i i i i i i i i	/B/10 (B)// B#1/ 18#/	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	e	City & State				4. FEI Number Applied For Not Applicable			
Zip Country		Zìp	Zip Country		5. Certificate of Status Desired See Required Fee Required				
······	6. Name and Address of Curre	ent Registered Agent		Name	7. Na	me and Address of New Registe	ered Agent		
	, PETER M		Street Address (P.O. Box Number is Not Acceptable)						
	IISCAYNE DRIVE ORT FL 34287	<del>-</del>			فكريد منتخ		22	سعيق سافيتي يديب	
NOMIN P	ORI FL 34201		-	City	FL Zip Code				
8. The above	named entity submits this statemen	t for the purpose of changi	ng its registere	d office or register	ed ager	it, or both, in the State of Florida.	<u>  </u>		
SIGNATURE .	Signature, typed or printed name of registered ag	cont and title if applicable	(NOTE: Bagistared	Agent signature required	when reins	station) .	DATE	<del></del>	
0 This serve									
<ol> <li>This corporation is eligible to satisfy its Intangib         Tax filing requirement and elects to do so.         (See criteria on back)</li></ol>		After May	FILE NOW!!! FEE IS \$1 After May 1, 2002 Fee will b Make Check Payable to Departr		te	<ol> <li>Election Campaign Financin Trust Fund Contribution.</li> </ol>		5.00 May Be dded to Fees	
11.	OFFICERS AI	ND DIRECTORS	12.		ADD	TIONS/CHANGES TO OFFICERS		_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CATALDO, PETER M 6555 N. BISCAYNE DR. NORTH PORT FL 34287	☐ Delete	NAME STREE	ET ADDRESS ST-ZIP			☐ Cha	inge [_] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CATALDO, MARTHA R 6555 N. BISCAYNE DR. NORTH PORT FL 34287	☐ Delete	NAME Stree	T ADDRESS ST-ZIP			☐ Cha		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREE				☐ Cha	inge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	· NAME STREE	• 1		•	☐ Cha	inge 🛴 Addition 🐪	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREE				☐ Cha	nge Addition	
NAME STREET ADDRESS CITY-ST-ZIP		□: Delete	NAME STREE	1		, where the commence was a first to be	Cha	nge 🗔 Addition	
indicated	certify that the information supplied of the first of the	rt is true and accurate and	that my signati report as requir	ure shali have the s	same le	gal effect as if made under oath; t	hat I am an o'	tricer or director	