

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 01, 2001 8:00 am**
Secretary of State

03-01-2001 90045 048 ***150.00

DOCUMENT # P96000024515

1. Entity Name

CAPITAL TITLES, INC.

Principal Place of Business

Mailing Address

**2289 TAMiami TRAIL EAST
NAPLES FL 34112
US****4527 ARNOLD AVE
NAPLES FL 34104
US**

2. Principal Place of Business

3. Mailing Address

4527 Arnold Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Naples FL

Zip

Country

Zip

Country

34104**USA**4. FEI Number **65-0655602**

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

**SAMS, THOMAS E
4527 ARNOLD AVE
NAPLES FL 34104**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
	DP			<input type="checkbox"/>					<input type="checkbox"/>	<input checked="" type="checkbox"/>
	SAMS, THOMAS E	4527 ARNOLD AVE.	NAPLES FL 34104							
	DVP			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	EGAN, KENNETH M	4527 ARNOLD AVE.	NAPLES FL 34104							
	D			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	BROWN, JOEL E	4527 ARNOLD AVE.	NAPLES FL 34104							
	DS			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	SAMS, LORRAINE M	4527 ARNOLD AVE.	NAPLES FL 34104							
	DT			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	BROWN, JANINE F	4527 ARNOLD AVE.	NAPLES FL 34104							
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 #

2/19/01 9416591120

CR2E034 (10/00)