

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90094 049 ***150.00

DOCUMENT # P96000042338

1. Entity Name

CAPITAL ASSET PARTNERS, INC.

Principal Place of Business

Mailing Address

828 NORMANDY TRACE RD.
 TAMPA FL 33602
 US

828 NORMANDY TRACE RD.
 TAMPA FL 33711-4680
 US

2. Principal Place of Business

4750 DOLPHIN CAY LANE S

Suite, Apt. #, etc.

UNIT 106

3. Mailing Address

4750 DOLPHIN CAY LANE S

Suite, Apt. #, etc.

UNIT 106

City & State

ST. PETERSBURG FL

City & State

ST. PETERSBURG FL

Zip

33711

Country

US

Zip

33711

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0669675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HETT, MARILYN P

~~828 NORMANDY TRACE RD.~~ **4750 DOLPHIN CAY LANE S**
~~TAMPA FL 33602~~ **UNIT 106**
ST. PETERSBURG FL 33711

7. Name and Address of New Registered Agent

Name

MARILYN P HETT

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

4750 DOLPHIN CAY LANE S

UNIT 106

City

ST. PETERSBURG

FL

Zip Code

33711

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

Marilyn P Hett
MARILYN P HETT

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-00

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, 2000 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 **PS** ☐ Delete
 NAME **HETT, MARILYN P**
 STREET ADDRESS **828 NORMANDY TRACE RD.**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE **T** ☐ Delete
 NAME **GILL, RICHARD J**
 STREET ADDRESS **828 NORMANDY TRACE RD.**
 CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Change ☐ Addition
 NAME **HETT, MARILYN P**
 STREET ADDRESS **4750 DOLPHIN CAY LANE S, UNIT 106**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33711**

TITLE **T** ☒ Change ☐ Addition
 NAME **GILL, RICHARD J**
 STREET ADDRESS **4750 DOLPHIN CAY LANE S, UNIT 106**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33711**

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
 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:

Marilyn P Hett
MARILYN P HETT

3-12-00

Date

727-893-7035

Daytime Phone #