

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000042338

1. Entity Name

CAPITAL ASSET PARTNERS, INC.

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90250 027 ***150.00

Principal Place of Business

4750 DOLPHIN CAY ALNE 3
UNIT 106
SAINT PETERSBURG FL 33711
US

Mailing Address

4750 DOLPHIN CAY ALNE 3
UNIT 106
SAINT PETERSBURG FL 33711
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

U.S.A.

Zip

33711

Country

U.S.A.

6. Name and Address of Current Registered Agent

PITETT, BARILYN
4750 DOLPHIN CAY LANE
SAINT PETERSBURG FL 33711

7. Name and Address of New Registered Agent

Name HETT, MARILYN P
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 PRESIDENT 4-8-01
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 PS
NAME HETT, MARILYN P
STREET ADDRESS 4750 DOLPHIN CAY LANE S UNIT 106
CITY-ST-ZIP SAINT PETERSBURG FL 33711 ☐ Delete

TITLE T
NAME GILL, RICHARD J
STREET ADDRESS 4750 DOLPHIN CAY LANE S UNIT 106
CITY-ST-ZIP SAINT PETERSBURG FL 33711 ☐ Delete

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 ☐ 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
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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 PRES. 4-8-01 813-639-5229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)