

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

03-07-2001 90628 004 \*\*\*150.00

**DOCUMENT # P96000056480**

1. Entity Name

**STATEWIDE CAPITAL INVESTMENTS, CORP.**

Principal Place of Business

**2300 CURRY FORD ROAD  
 ORLANDO FL 32806**

Mailing Address

**2300 CURRY FORD ROAD  
 ORLANDO FL 32806**

2. Principal Place of Business

**2225 Curry Ford Rd**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

**Suite B**

Suite, Apt. #, etc.

City & State

**Orlando, FL**

4. FEI Number **59-3404709**

Applied For

Not Applicable

Zip

Country

**32806**

**USA**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CULBERTSON, GREG  
 2300 CURRY FORD RD  
 ORLANDO FL 32806**

7. Name and Address of New Registered Agent

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

*Greg Culbertson*

**Greg Culbertson**

**3-2-01**

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 **D** ☐ Delete  
 NAME **ZEGERS, BERTON**  
 STREET ADDRESS **2735 MISTIC COVER DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **D** ☐ Delete  
 NAME **CULBERTSON, GREGORY**  
 STREET ADDRESS **13421 FORDWELL DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32828**

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  
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 STREET ADDRESS  
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 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:

*Greg Culbertson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Greg Culbertson**  
 Date

Date

Daytime Phone #

**407 898-2707**

CR2E034 (10/00)