

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-16-2001 90102 047 ***150.00

DOCUMENT # P96000069630

1. Entity Name
CAPSTONE ENGINEERING, INC.

Principal Place of Business

**9835 NW 5TH PLACE
 PLANTATION FL 33324**

Mailing Address

**9835 NW 5TH PLACE
 PLANTATION FL 33324**

2. Principal Place of Business

**9916 NW 6TH PLACE
 Suite, Apt. #, etc.**

3. Mailing Address

**P.O. Box 9606
 Suite, Apt. #, etc.**

City & State

PLANTATION FL 33324

City & State

FORT LAUDERDALE FL

4. FEI Number **65-0692039**

Applied For
 Not Applicable

Zip

33324

Country

BROWARD

Zip

33310-9606

Country

BROWARD

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WESTMARK, BARRY
 9835 NW 5TH PLACE
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
WESTMARK, BARRY
 Street Address (P.O. Box Number is Not Acceptable)
9916 NW 6TH PL
 City **PLANTATION** FL Zip Code **33324**

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 **Barry D. Westmark** **Barry D. WESTMARK, PRESIDENT**

5/1/01
 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 NAME STREET ADDRESS CITY-ST-ZIP	D WESTMARK, BARRY D. 9835 NW 5TH PLACE PLANTATION FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WESTMARK, BARRY D. 4606 P.O. Box 9606 FORT LAUDERDALE FL 33310-9606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Barry D. Westmark** **Barry D. WESTMARK, PRESIDENT** **5/1/01** **(954) 868-7255**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/00)