

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90063 040 ***150.00

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DOCUMENT # P96000080644

1. Entity Name
ONE CAPITAL CORP.

Principal Place of Business
1800 DIAGONAL RD., SUITE 600
ALEXANDRIA VA 22314-2840

Mailing Address
1800 DIAGONAL RD., SUITE 600
ALEXANDRIA VA 22314-2840
US

930310



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Sui **One Capital Corp.**
107 S. West St., #106
City **Alexandria, VA**
Zip **22314-2891 USA**

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107 S. West St., #106
City **Alexandria, VA**
Zip **22314-2891 USA**

4. FEI Number **59-3422686**

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

BRICKLEY, JAMES M ESQ
4901 34TH ST S
SAINT PETERSBURG FL 33711

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 **P** ☐ Delete
NAME **BECHTEL, JAMES R**
STREET ADDRESS **1800 DIAGONAL RD., SUITE 600**
CITY-ST-ZIP **ALEXANDRIA VA 22314-2840**

TITLE **President** ☒ Change ☐ Addition
NAME **Bechtel, James R,**
STREET ADDRESS **One Capital Corp.**
CITY-ST-ZIP **107 S. West St., #106**
Alexandria, VA
22314-2891 USA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 exemptions.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 6, 2001

Date

Daytime Phone #

CR2E034 (10/00)