## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P96000097368

Entity Name: DEMAR CAPITAL INVESTMENTS, INC.

FILED Apr 21, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1172 S DIXIE HIGHWAY SUITE 481				1172 S DIXIE HIGHWAY SUITE 481			
MIAMI, FL 33146 US				CORAL GABLES, FL 33146 US			
Current Mailing Address:				New Mailing Address:			
		HEAST THIRD AVENUE					
SUITE 213 MIAMI, FL							
FEI Number:	65-0729561	FEI Number Applied For ( )	FEI Num	ber Not Appli	cable ( )	Certifica	ate of Status Desired ( )
Name and	Address of C	urrent Registered Agent:		Name and	Address o	f New Reg	jistered Agent:
ONE SOU' SUITE 123 MIAMI, FL	33131 US		urnoco of	ohanging it	s rogistoro	d office or r	registered agent, or both
	of Florida.	ubilitis tilis statement for the pu	ii pose oi	changing it	s registere	u onice or i	egistered agent, or both,
SIGNATUR	RE:						
	Electroni	c Signature of Registered Agen	nt				Date
	npaign Financing	Trust Fund Contribution ( ).		ADDITION	S/CHANGI	ES TO OFF	FICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D () STATON, JR., A 8091 LOS PINO CORAL GABLES	S BLVD		Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition
Title: Name: Address: City-St-Zip:	STATON, LINDA	R DRIVE, LANAI SOUTH		Title: Name: Address: City-St-Zip:	D STATON, LII 3154 EAST ALPHARETT		
Title: Name: Address: City-St-Zip:	D () STATON, MARY 8091 LAS PINOS CORAL GABLES	S BLVD		Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition
Title: Name: Address: City-St-Zip:	D () STATON, STUAR 10 EDGEWATEI CORAL GABLES	RT A R DRIVE LANAI SOUTH		Title: Name: Address: City-St-Zip:	D STATON, ST 3154 EAST ALPHARETT	ΓUART A	
Title: Name: Address: City-St-Zip:	. ,			Title: Name: Address: City-St-Zip:		(X) Change ANDACE M DA AVE #71: BLES, FL 33	2
Title: Name: Address: City-St-Zip:	D () LOGAN, STEVE 9158 SADDLEB			Title: Name: Address: City-St-7ip:		(X) Change EVE LEBOW DRIV	/E

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT H. STATON III P 04/21/2003

LOGAN, JANE 9158 SADDLEBOW DRIVE BRENTWOOD, TN 37027

STATON,III, ALBERT. H. 340 GIRALDA AVE. #712 CORAL GABLES, FL 33134

D/P

D/S