

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90063 049 ***150.00

DOCUMENT # P97000031534

1. Entity Name

Capital Financial Partners, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15051 SW 16 Ave

3. Mailing Address

15051 SW 16 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ocala, Fla.

City & State
Ocala, Fla.

4. FEI Number 65-0766131

Applied For
☐ Not Applicable

Zip
34473

Country
USA

Zip
34473

Country
USA

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

7. Name and Address of Current Registered Agent

Name Shelley Scott-Jones

Street Address (P.O. Box Number is Not Acceptable)

15055 SW 16 Ave.

City Ocala

FL **Zip Code** 34473

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Shelley Scott-Jones President *Shelley Scott-Jones* 6/27/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

President
Shelley Scott-Jones
15055 SW 16 Ave., Ocala, Fla. 34473

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Director
Adrian Scott-Jones
15055 SW 16 Ave., Ocala, Fla. 34473

TITLE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shelley Scott-Jones *Shelley Scott-Jones* 6/27/03 352-3078998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)