FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91300 047 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044872

1. Entity Name
CAPITAL CONSULTANTS OF SOUTH FLORIDA, INC.

11024054

Principal Place of Business	Mailing Address
5100 N. TAMIAMI TRAIL STE 105 NAPLES, FL 34103 US	104 B BOBOLINK WAY NAPLES, FL 34105 US

2. Principal Place of Business	3. Mailing Address
	5001 Maxwell Circle #202
Suite, Apt. #, etc.	Suite, Apt. #, etc. #202
City & State	City & State Naples Fl
Zip / Country	Zip 34105 / Country COLLIER

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0494441 ☐ 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
DAVIS, LAURAN J 104-B BOBOLINK WAY NAPLES, FL 34105	Name: LAUREN J. DAVIS Street Address (P.O. Box Number is Not Acceptable): 5001 Maxwell Circle Unit #202 City: NAPLES FL Zip Code 34105

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 [signature] 4/23/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVST	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	DAVIS, LAUREN J		NAME		
STREET ADDRESS	~~104-B BOBOLINK WAY~~		STREET ADDRESS	5001 Maxwell Circle #202	
CITY-ST-ZIP	~~NAPLES, FL 34105~~		CITY-ST-ZIP	NAPLES, FL 34105	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/23/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)