

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90539 020 ***150.00

DOCUMENT # P97000095024

1. Entity Name

CAPITAL FINANCE OF SOUTH FLORIDA, INC.



Principal Place of Business
**5100 NORTH TAMiami TRAIL
SUITE 105
NAPLES FL 34103
US**

Mailing Address
**5100 NORTH TAMiami TRAIL
SUITE 105
NAPLES FL 34103
US**

2. Principal Place of Business

3. Mailing Address

5001 Maxwell Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit # 202

City & State

City & State

NAPLES FL 34105

Zip

Country

Zip

Country

FL 34105

Collier

4. FEI Number

65-0290388

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, LAUREN 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

Lauren J. Davis

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

(NOTE: Registered Agent signature required when reinstating)

April 23, 2003

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☐ Delete
NAME **DAVIS, LAUREN J**
STREET ADDRESS **104-B BOBOLINK WAY**
CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☒ Change ☐ Addition
NAME **5001 Maxwell Circle #202**
STREET ADDRESS **NAPLES FL 34105**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Lauren J. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/03 (239) 649-0808

CR2E034 (10/02)