FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 16, 2001 8:00 am DOCUMENT # P98000012479 **Secretary of State** CAPITOL CONSTRUCTION & DEVELOPMENT CORP. 02-16-2001 90004 024 ***150.00 Principal Place of Business Mailing Address 311 HUMMINGBIRD LANE 1550 N RIDGELAKE CIRCLE LONGWOOD FL 32750 LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3491046 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired SEMINI/E Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PERLMAN, RICHARD S Street Address (P.O. Box Number is Not Acceptable) 1550 N RIDGELAKE CIRCLE LONGWOOD FL 32750 City Zip Code FI 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 **PVTS** CR2E034 (10/00) TITLE ☐ Delete TITLE Change Addition PERLMAN, RICHARD S NAME NAME STREET ADDRESS 1550 N RIDGELAKE CIRCLE STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32750 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition PERLMAN, RICHARD S NAME NAME STREET ADDRESS STREET ADDRESS 1550. N RIDGELAKE CIRCLE CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 turtner certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turtner certify that I am an officer or director indicated on this report or supplemental report is true and accurate and that my signature still have the same legal effect as if made under oath; that I am an officer or director indicated on this report or truetee emnowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if