

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90500 042 ***150.00

DOCUMENT # P98000038922

1. Entity Name
CAPITOL SB DEVELOPMENT CORPORATION



Principal Place of Business
10605 MAUMELLE BLVD.
SUITE C
MAUMELLE AR 72113

Mailing Address
10605 MAUMELLE BLVD.
SUITE C
MAUMELLE AR 72113

2. Principal Place of Business

3. Mailing Address

P.O. Box 13246

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Maumelle, ARKANSAS

4. FEI Number **58-2406648**

Applied For

Not Applicable

Zip

Country

Zip

Country

72113

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

WALLACK, MICHAEL M ESQ.

~~27 FLETCHER AVENUE~~ 2055 Wood St., Suite 215
SARASOTA FL 34237

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ **Delete**
NAME **DEHAVEN, JOHN (JAY) W**
STREET ADDRESS **10605 MAUMELLE BLVD. #C**
CITY-ST-ZIP **MAUMELLE AR 72113**

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

TITLE **VPT** ☐ **Delete**
NAME **PAES, DAVID R**
STREET ADDRESS **10605 MAUMELLE BLVD #C**
CITY-ST-ZIP **MAUMELLE AR 72113**

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

TITLE **VPS** ☒ **Delete**
NAME **ALDRIDGE, ANN**
STREET ADDRESS **10605 MAUMELLE BLVD #C**
CITY-ST-ZIP **MAUMELLE AR 72113**

TITLE **VPS** ☐ **Change** ☒ **Addition**
NAME **Janet Poole**
STREET ADDRESS **10605 Maumelle Blvd #C**
CITY-ST-ZIP **Maumelle, AR 72113**

TITLE **AS** ☒ **Delete**
NAME **POOLE, JANET**
STREET ADDRESS **10605 MAUMELLE BLVD #C**
CITY-ST-ZIP **MAUMELLE AR 72113**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID R. PAES

Date

Daytime Phone #

4-17-03

501-791-3488

CR2E034 (10/02)