

# P98000079587

Charlie Simmons  
370 SE Mizner Blvd Apt 1607  
Boca Raton FL 33432-6044

800002959188--2  
-08/13/99--01060--014  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

City/State/Zip

Phone #

Office Use Only

*561-395-6691*  
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in      ☐ Pick up time \_\_\_\_\_      ☐ Certified Copy  
☐ Mail out      ☐ Will wait      ☐ Photocopy      ☐ Certificate of Status

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99 OCT - 8 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*RA Chg.*

V. SHEPARD OCT 8 1999

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

August 24, 1999

CHARLIE SIMMONS  
370 SE MIZNER BLVD., APT. 1607  
BOCA RATON, FL 33432-6044

SUBJECT: CAPITAL MORTGAGE CENTER, INC.  
Ref. Number: P98000079587

We have received your document for CAPITAL MORTGAGE CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6909.

Velma Shepard  
Corporate Specialist

Letter Number: 899A00042329

*Rec'd 10/6*

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: CAPITAL MORTGAGE CENTER, INC.
2. The mailing address of the corporation is: 6309 COMFORT CT #205  
FT MYERS FL 33919
3. Date of incorporation/qualification: SEPT 7, 1999 Document number: PS800007587
4. The name and address of the current registered agent and office:  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  
Joseph A. Gugino, Esq.  
4 Windward Terrace  
Cape Haze, FL 33946

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The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Francis Paul Scola President  
(Signature of an officer, chairman or vice chairman of the board)

9/29/99  
(Date)

Francis Paul Scola President  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Joseph A. Gugino  
(Signature of Registered Agent)

9/29/99  
(Date)

If signing on behalf of an entity:

Joseph A. Gugino, Esq.  
(Typed or Printed Name)

Attorney  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*