

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 JUL 12 PM 5:14

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT # P98000106263
1. Entity Name
Capital Pub, Inc.

Principal Place of Business 1196 C Capital Circle NE Tallahassee, FL 32301
Mailing Address 1196 C Capital Circle NE Tallahassee, FL 32301

2. Principal Place of Business
1196 Capital Circle NE
Suite, Apt. #, etc. Suite C

3. Mailing Address
Suite, Apt. #, etc.

City & State Tallahassee FL
Zip 32301 Country US

City & State
Zip Country

4. FEI Number 59-3554815
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Jancie Ter Low
3305 Vassar Ct.
Tallahassee, FL 32308

7. Name and Address of New Registered Agent
Name Maurice Smith
Street Address (P.O. Box Number is Not Acceptable) 1845 Radar Dr.
City Tallahassee FL Zip Code 32311

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 Maurice Smith
Signature, typed or printed name of registered agent and title if applicable

DATE 4/27/00
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<u>President</u>	<input checked="" type="checkbox"/> Delete
NAME	<u>Suzanna Gerwein</u>	
STREET ADDRESS	<u>Current address unknown</u>	
CITY-ST-ZIP		
TITLE	<u>Secretary</u>	<input type="checkbox"/> Delete
NAME	<u>Jancie Ter Low</u>	
STREET ADDRESS	<u>3305 Vassar Ct.</u>	
CITY-ST-ZIP	<u>Tallahassee, FL 32308</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<u>President</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Maurice Smith</u>	
STREET ADDRESS	<u>1845 Radar Dr.</u>	
CITY-ST-ZIP	<u>Tallahassee, FL 32311</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maurice Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/27/00 DAYTIME PHONE # 652-8497

CR2E034 (9/99)