

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90022 014 \*\*\*550.00

**DOCUMENT # P99000013305**

1. Entity Name  
**UNITED CAPITAL GROUP OF FLORIDA, INC.**

Principal Place of Business Mailing Address  
~~155 CRYSTAL BEACH DRIVE~~ ~~155 CRYSTAL BEACH DRIVE~~  
~~SUITE C-137~~ ~~SUITE C-137~~  
~~DESTIN FL 32541~~ ~~DESTIN FL 32541~~

*Change to:*

2. Principal Place of Business **81 Matthew Blvd.** 3. Mailing Address **81 Matthew Blvd.**

Site, Apt. #, etc. **DESTIN,** Suite, Apt. #, etc.

City & State **FLORIDA** City & State **DESTIN, FL.**

Zip **32541** Country **USA** Zip **32541** Country **USA**

4. FEI Number **59-3559692** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CADENHEAD, CHRIS**  
**155 CRYSTAL BEACH DRIVE**  
**SUITE C-137**  
**DESTIN, FL 32541**

7. Name and Address of New Registered Agent  
 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.  
 SIGNATURE *[Signature]* - Pres. **9.5.01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LIPTON, RICHARD</b> <b>155 CRYSTAL BEACH DRIVE</b> <b>DESTIN FL 32541</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CADENHEAD, CHRIS</b> <b>155 CRYSTAL BEACH DRIVE</b> <b>DESTIN FL 32541</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Richard Lipton</b> <b>81 Matthew Blvd.</b> <b>DESTIN, FL. 32541</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED - President 9.5.01 870-650-6714**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)