

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90117 001 ***150.00
 01-31-2002 90117 002 *****8.75

DOCUMENT # P99000013305

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

Principal Place of Business Mailing Address
81 MATTHEW BLVD. **81 MATTHEW BLVD.**
DESTIN FL 32541 **DESTIN FL 32541**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

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

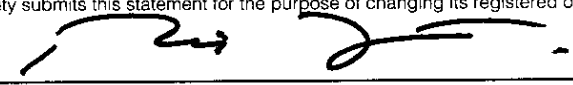
6. Name and Address of Current Registered Agent

CADENHEAD, CHRIS
155 CRYSTAL BEACH DRIVE
SUITE C-137
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name **CHRIS CADENHEAD**
 Street Address (P.O. Box Number is Not Acceptable)
420 E. PINE AVE
 City **CHRISTIAN** FL Zip Code **32539**

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  - Pres. DATE **1.10.02**

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 \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LIPTON, RICHARD	
STREET ADDRESS	81 MATTHEW BLVD.	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CADENHEAD, CHRIS	
STREET ADDRESS	155 CRYSTAL BEACH DRIVE	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input 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:  DATE **1.10.02** Daytime Phone # **850-678-6714**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE