2000 UNIFORM BUSINESS REPORT (UBR) 5/1

FILED
Jul 18, 2000 8:00 am
Secretary of State
05-15-2000 90258 012 ***150.00

DOCUMENT # P99000016230

1. Entity Name
CAPITAL WEALTH INCORPORATED

R

Principal Place of Business	Mailing Address
8466 NORTH LOCKWOOD RIDGE RD. STE. 106 SARASOTA FL	8466 NORTH LOCKWOOD RIDGE RD. STE. 106 SARASOTA FL 34243-2951

[redacted]

DO NOT WRITE IN THIS SPACE

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 65-0897469 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FURLONG, JOSEPH A
3883 SHADY BROOK LANE
SARASOTA FL 34243

7. Name and Address of New Registered Agent
Name Furlong Joseph A
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] 4-05-99
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST FURLONG, JOSEPH A 3883 SHADY BROOK LANE SARASOTA FL 34243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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] Pres 4-25-00 941-551-0304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DOC # P990000 16230

308417

Date

Number

Type of Tax

Tax Period

Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.

See instructions on page 1.

BANK NAME/ DATE STAMP

07 2

Telephone number ( )

Federal Tax Deposit Coupon

Form 8109 (Rev. 10-96)

CAPITAL WEALTH INCORPORATED
8466 N LOCKWOOD RIDGE RD 106
SARASOTA FL 34243-2951

EIN 65-0897469 090612

941 945

990-C 1120

943 990-T

720 990-PF

CT-1 1042

940

1st Quarter

2nd Quarter

3rd Quarter

4th Quarter

FOR BANK USE IN MICR ENCODING

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