

# 2000 UNIFORM BUSINESS REPORT (UBR)

5.

DOCUMENT # P99000020469

1. Entity Name

CAPITAL RESOURCES CORPORATION

**FILED**  
**Jun 19, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90023 043 \*\*\*150.00

Principal Place of Business

Mailing Address

~~24 N. PINE CIR.~~  
~~BELLEAIR FL 33756~~

~~24 N. PINE CIR.~~  
~~BELLEAIR FL 33756-1640~~

2. Principal Place of Business

3. Mailing Address

101 DRIFTWOOD LANE  
Suite, Apt. #, etc.

101 DRIFTWOOD LANE  
Suite, Apt. #, etc.

City & State

FL

City & State

FL

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip  
33770

Country  
USA

Zip  
33770

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLER, BRIAN R

~~24 N. PINE CIR.~~  
~~BELLEAIR FL 33756~~

Name

Street Address (P.O. Box Number is Not Acceptable)

101 DRIFTWOOD LANE

City

LARGO

FL

Zip Code

33770

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, typed or printed name of registered agent and title applicable.

BRIAN R. KELLER

(NOTE: Registered Agent signature required when reinstating)

4/24/00

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D, P, S, T  
KELLER, BRIAN R  
~~24 N. PINE CIR.~~  
~~BELLEAIR FL 33756~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P, S, T  
101 DRIFTWOOD LANE  
LARGO FL 33770

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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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)(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 info empowered.

SIGNATURE:

BRIAN R. KELLER 4/24/00 (727) 403-9969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #