

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91391 042 ***150.00

0537837 AV

DOCUMENT # P99000027298

1. Entity Name
CAPSTONE DEVELOPERS OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
1827 TRADE CENTER WAY, SUITE 3
NAPLES FL 34109

Mailing Address
1827 TRADE CENTER WAY, SUITE 3
NAPLES FL 34109

2. Principal Place of Business
2100 TRADE CENTER WAY

3. Mailing Address
SAME

Suite, Apt. #, etc.
SUITE D

Suite, Apt. #, etc.

City & State
NAPLES FL

City & State

Zip
34109

Country
USA

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3575850

Applied For
Not Applicable

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

MUSUMANO, PATSY
1827 TRADE CENTER WAY, SUITE 3
NAPLES FL 34109

Name
Street Address (P.O. Box Number is Not Acceptable)
2100 TRADE CENTER WAY # D
City
Naples **FL** **Zip Code**
34109

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **DATE** **4/29/03**

Signature, typed or printed name of registered agent, and date of filing (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MUSUMANO, PATSY ☐ Delete
1827 TRADE CENTER WAY, SUITE 3
NAPLES FL 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
2100 Trade Center Way, #D
Naples, FL 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MUSUMANO, DONNA ☐ Delete
1827 TRADE CENTER WAY, SUITE 3
NAPLES FL 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
2100 Trade Center Way, #D

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
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)