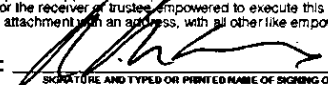


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91393 003 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000038396			
1. Entity Name CAPITAL RESOURCES INTERNATIONAL, INC.			
Principal Place of Business 5029 MUELLER'S LANE SAFETY HARBOR, FL 34695-4819		Mailing Address PO BOX 15132 CLEARWATER, FL 33766-5132	
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 59-3574572		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MASON, ANDREW M 5029 MUELLER'S LANE SAFETY HARBOR, FL 34695-4819		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 04/30/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent's signature required when reinstating.)	
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MASON, ANDREW M	NAME	
STREET ADDRESS	5029 MUELLER'S LANE	STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR, FL 346954819	CITY-ST-ZIP	
TITLE	PCEO ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MASON, ANDREW	NAME	
STREET ADDRESS	5029 MUEUERS LN	STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		DATE 04/30/03 727-725-3245	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	

90127248



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)