2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000045173

1. Entity Name

CAPITAL PARTNERS, INC.



Apr 18, 2003 8:00 am Secretary of State

				S WE TO					
Principal Plac ONE INDEPEN SUITE 114 JACKSONVILU		Mailing Address ONE INDEPENDENT DRIVE SUITE 114 JACKSONVILLE FL 32202							
2. Principal P	Place of Business .	3. Mailing Address				I INDALEDY ALD ANAMARIK NEALLY NAMED N Named named na	IIII Va iis a id	.11.11.11.11.11.11.11.11	ISONO 1811 8 50 1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat	re .	. City & State			4. FEI Number 59-3583790				oplied For ot Applicable
Zip Country		Zip	Country	Country		Certificate of Status Desired		8.75 Add	
	6. Name and Address of Current Re	gistered Agent	_===		=-7:=1	Name and Address of New Regi	stered A	jent	
				Name					
EVANS, W		Street Addres			(P.O. Box Number is Not Acceptable)				
ONE INDEPENDENT DRIVE									
SUITE 114									
JACKSON			City			FL	Zip Cod	e	
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, typed or printed name of registered agent and	title if applicable. (NOTE	: Registered A	Agent signature required	d when re	einstating)	DATE		—
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financ Trust Fund Contribution.	ing 🗀		00 May Be d to Fees
10.	OFFICERS AND DI	RECTORS	11.		ΑD	DDITIONS/CHANGES TO OFFICE	RS AND I	DIRECTOR	S IN 11
TITLE	P	☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	HEISTAND, JAMES R 512 E WASHINGTON ST, STE 200 ORLANDO FL 32801		NAME STREET CITY-S	ADDRESS T-ZIP					
TITLE	VP	Delete	TITLE				***	☐ Change	Addition
NAME	EVANS,: WILLIAM G		NAME	ĺ					
STREET ADDRESS	ONE INDEPENDENT DRIVE, STE 11	4		ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32202	<u>يده را بيسان در يدر يدر يدر ي</u>	CITY-S	T-ZIP		<u>. </u>			
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NAME STREET ADDRESS	CHALKER, MARGARET R	A	NAME STREET	ADDRESS					
CITY-ST-ZIP	ONE INDÉPENDENT DRIVE, STE 11 JACKSONVILLE FL 32202	7	CITY-S						
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TITLE		Delete	TITLE					☐ Change	☐ Addition
NAME			NAME					-	}
STREET ADDRESS	_			ADDRESS					
CITY-ST-ZIP			CITY-S1						
12. I hereby of indicated of the cor	certify that the information supplied with the on this report or supplemental report is tri poration or the receiver or Justice suppose	is tiling does not qualify for ue and accurage and that me ried to execute has report a	the exemp ny signatur as required	otion stated in Se le shall have the s d by Chapter 607	ction same l ', Florid	119.07(3)(i), Florida Statutes. I fur legal effect as if made under oath da Statutes; and that my name ap	ther certif ; that I am pears in I	y that the ir 1 an officer Block 10 or	nformation or director Block 11 if

SIGNATURE:

of the corporation or the receiver or changed, or on an attachment with

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR