2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058455

Entity Name: CAPITAL PUBLICATIONS, INC. R

FILED
00 JUL 27 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business / Mailing Address
~~1197 W. Newport Centre~~
~~Deerfield Beach, FL 33442~~

2. Principal Place of Business	3. Mailing Address
1450 S. Dixie Hwy	1450 S. Dixie Hwy
Suite, Apt. #, etc. #101	Suite, Apt. #, etc. #101
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33432 Country: USA	Zip: 33432 Country: USA

4. FEI Number — ☑ Applied For ☐ Not Applicable

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

6. **Name and Address of Current Registered Agent**
Garland E. Harris
1197 W. Newport Centre
Deerfield Beach, FL 33442

7. **Name and Address of New Registered Agent**
Name: Willis Hale
Street Address (P.O. Box Number is Not Acceptable): 1450 S. Dixie Hwy. #101
City: Boca Raton FL Zip Code: 33432

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] Willis Hale — DATE: 5-3-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	Director	TITLE	Director
NAME	Garland E. Harris	NAME	Willis Hale
STREET ADDRESS	1197 W. Newport Centre	STREET ADDRESS	1450 S. Dixie Hwy. #101
CITY-ST-ZIP	Deerfield Bch, FL 33442 ☑ Delete	CITY-ST-ZIP	Boca Raton, FL 33432 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 like empowered.

SIGNATURE: [signature] Willis Hale — 5-3-00 — 561-447-8804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #