

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

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-28-2002 91745 027 ***150.00

DOCUMENT # **P9900008012**

1. Entity Name

Capitol Industrial Sales, Inc.

DO NOT WRITE IN THIS SPACE

37349

2. Principal Place of Business

*15935 Assembly Loop
Suite, Apt. #, etc.
Jupiter, FL.
City & State
33478*

3. Mailing Address

*7100-39 Fairway Dr. PMB 202C
Suite, Apt. #, etc.
Palm Beach Gardens, FL 33418
City & State*

DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0947555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Lorraine Beiermeister*

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

28 SW Hideaway Place

City *Stuart*

FL

Zip Code

34994

**DO NOT WRITE
IN THIS SPACE**

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

Lorraine Beiermeister

6-25-02

Signature, typed or printed name of registered agent and single applicant.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<i>PTO</i>
NAME	<i>Beiermeister, Lorraine</i>
STREET ADDRESS	<i>7100-39 Fairway Dr. PMB 202C</i>
CITY-ST-ZIP	<i>Palm Beach Gardens, FL 33418</i>
TITLE	<i>VSA</i>
NAME	<i>Beiermeister, Elwood</i>
STREET ADDRESS	<i>7100-39 Fairway Dr. PMB 202C</i>
CITY-ST-ZIP	<i>Palm Beach Gardens, FL 33418</i>
TITLE	
NAME	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

Lorraine Beiermeister

5/13/02

Date

Daytime Phone #

800-397-6803

CR2E034B (12/01)