## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## May 06, 2002 8:00 am Secretary of State P99000083264 DOCUMENT # 1. Entity Name 05-06-2002 90095 001 \*\*\*150.00 CAPITAL CARGO REAL ESTATE HOLDINGS. INC. Mailing Address Principal Place of Business 6200 HAZELTINE NATIONAL DRIVE 6200 HAZELTINE NATIONAL DRIVE ORLANDO FL 32822 ORLANDO FL 32822 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3597295 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FOX, PETER F Street Address (P.O. Box Number is Not Acceptable) 6200 HAZELTINE NATIONAL DRIVE ORLANDO FL 32822 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Change ☐ Addition TITLE ☐ Delete TITLE PD NAME NAME FOX, PETER F STREET ADDRESS STREET ADDRESS 6200 HAZELTINE NATIONAL DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32822 Change ☐ Addition TITLE ☐ Delete TITLE, NAME NAME GOLDER, GEORGE A STREET ADDRESS STREET ADDRESS 6200 HAZELTINE NATIONAL DRIVE \_CITY-ST-ZIP \_ CITY\_ST-ZIP ORLANDO FL-32822 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME HUNTER, TODD A STREET ADDRESS STREET ADDRESS 6200 HAZELTINE NATIONAL DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32822 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 in address, with at other like empowered.

**FILED**