

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **0990000104535**

1. Entity Name

Capstone Lending & Investment, Inc.
1611 E. Main St.
Leesburg, FL 34748

Principal Place of Business

1611 E. Main St.

Mailing Address

Same

Leesburg, FL 34748

2. Principal Place of Business

1611 E. Main St.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Leesburg FL

City & State

Same

Zip

34748

Country

FL

Zip

34748

Country

FL

4. FEI Number

59-3611258

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Jennifer S. Worrell
707 S. Palm Ave.
Honey-In-The-Hills, FL 34737

7. Name and Address of New Registered Agent

Name: Annette B. Smith
Street Address (P.O. Box Number is Not Acceptable): 40233 OMAUOE CR
City: Lady Lake FL Zip Code: 32159

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: Annette B. Smith

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/1/00

DATE

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

TITLE: Jennifer S. Worrell ☒ Delete
NAME: 207 West North Blvd.
STREET ADDRESS: Leesburg, FL 34748
CITY-ST-ZIP: President

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Annette B. Smith ☒ Change ☐ Addition
NAME: 1611 E. Main St.
STREET ADDRESS: Leesburg, FL 34748
CITY-ST-ZIP: President

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/1/00

Daytime Phone #

(352) 435-0220

FILED

00 SEP 21 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED-UBR

CR2E034 (9/99)