

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-05-2002 90140 002 ***150.00

DOCUMENT # P99000105054

1. Entity Name
MALIBU CAPITAL FL, INC.

Principal Place of Business
337 MINNESOTA AVENUE
ST. CLOUD FL 34769

Mailing Address
337 MINNESOTA AVENUE
ST. CLOUD FL 34769

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3609751**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DALTON, THOMAS C
7818 INDIAN RIDGE TRAIL, S.
KISSIMEE FL 34747

7. Name and Address of New Registered Agent

Name
NORMA L. SOMERO
 Street Address (P.O. Box Number is Not Acceptable)
337 MINNESOTA AVENUE
 City **ST CLOUD** FL Zip Code **34769**

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

Thomas C. Dalton **THOMAS C. DALTON** **NORMA L. SOMERO** **03/29/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE **02/19/02**

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, 2002 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 **P** ☐ Delete
 NAME **JONES, STEVEN A**
 STREET ADDRESS **337 MINNESOTA AVENUE**
 CITY-ST-ZIP **ST. CLOUD FL 34769**

TITLE **V** ☐ Delete
 NAME **DALTON, THOMAS C**
 STREET ADDRESS **7818 INDIAN RIDGE TRAIL, S.**
 CITY-ST-ZIP **KISSIMEE FL 34747**

TITLE **SECRETARY-TREASURER** ☐ Delete
 NAME **NORMA L. SOMERO**
 STREET ADDRESS **337 MINNESOTA**
 CITY-ST-ZIP **337 MINNESOTA**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE **SECRETARY-TREASURER** ☐ Change ☒ Addition
 NAME **NORMA L. SOMERO**
 STREET ADDRESS **337 MINNESOTA AVENUE**
 CITY-ST-ZIP **ST CLOUD FL 34769**

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 an address, with all other info empowered.

SIGNATURE:

Steven A. Jones **STEVEN A. JONES** **02/19/02** **407 891-2120**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)