

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90177 018 ***550.00

DOCUMENT # S12424

1. Entity Name
CAPITAL INVESTMENT GROUP, INC.



Principal Place of Business
215 EAST CENTRAL BLVD. 2ND FLOOR
ORLANDO FL 32801
US

Mailing Address
215 EAST CENTRAL BLVD. 2ND FLOOR
ORLANDO FL 32801
US



2. Principal Place of Business
1035 S. SEHORAN BLVD
Suite, Apt. #, etc.
SUITE 1012

3. Mailing Address
1035 S. SEHORAN BLVD
Suite, Apt. #, etc.
SUITE 1012

City & State
WINTER PARK FL

City & State
WINTER PARK FL

4. FEI Number **59-3040089**

Applied For
Not Applicable

Zip Country
32792 USA

Zip Country
32792 USA

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KETTLE, R. TARY
215 EAST CENTRAL BLVD.
2ND FLOOR
ORLANDO FL 32801

Name
Street Address (P.O. Box Number is Not Acceptable)
1035 S. SEHORAN BLVD
SUITE 1012
City **WINTER PARK** **FL** Zip Code **32792**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D KETTLE, R. TARY 215 EAST CENTRAL BLVD. 2ND FLOOR ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CASTELLANO, WILLIAM V 215 EAST CENTRAL BLVD. 2ND FLOOR ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)