

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90123 024 ***150.00

DOCUMENT # V50779

1. Entity Name

CAPITAL PARADIGMS, INC.

Principal Place of Business

Mailing Address

13400 WRIGHT CIRCLE
 TAMPA FL 33626
 US

P O BOX 5326
 CLEARWATER FL 34618
 US

2. Principal Place of Business

604 C Packard CT
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5326
 Suite, Apt. #, etc.

City & State

Safety Harbor, FL

City & State

Clearwater, FL

Zip

34695-3001

Country

USA

Zip

33758-5326

Country

USA

4. FEI Number

59-3139532

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SMIBBS, ROBERT M JR
 5 PELICAN PLACE
 BELLAIR FL 33756

7. Name and Address of New Registered Agent

Name

ROBERT M. SNIBBE, JR

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

5 Pelican Place

City

Belleair

FL

Zip Code

33756

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

Robert M. Snibbe Jr

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

(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)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	PT	<input type="checkbox"/> Delete
NAME	SNIBBE ROBERT M JR	
STREET ADDRESS	5 PELICAN PLACE	
CITY-ST-ZIP	BELLEAIR FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BOTTONE S JAMES	
STREET ADDRESS	109 120TH AVE	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

Robert M. Snibbe Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 JAN 2001 727-723-8595

Date

Daytime Phone #

CR2E034 (10/00)

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