

040825

ORIGINAL

CK # 2573

CK \$ 100.00

DEPOSIT DATE

489 AUG 11 2004

8-9-04

RT

1. Name of company or name of individual (not fictitious name or d/b/a):
CAPITAL PROPERTY SOLUTIONS, INC.

2. Name under which applicant will do business (fictitious name, etc.):
SAME AS ABOVE

3. Official mailing address:

Street: 1330 ISLAND DRIVE

P.O. Box: _____

City: MERRITT ISLAND, FL 32952

State: FL. Zip: 32952

4. Florida address:

Street: 1330 ISLAND DRIVE

P.O. Box: _____

City: MERRITT ISLAND

State: FL Zip: 32952

5. Structure of organization:

() Individual

() Corporation

() General Partnership

() Limited Partnership

() Other: _____

CMP _____

COM _____

CTR _____

ECR _____

GCL _____

OPC _____

MMS _____

RCA _____

SCR _____

SEC 1

OTH _____

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State

Corporate Registration Number: F03000001132

Form PSC/CMU-32 (02/99)

Required by Commission Rule Nos. 25-24.510 & 25-24.511

File Name: cmu-32.doc

RECEIVED-FPSC
34 AUG 10 PM 1:22
COMMISSION CLERK

DOCUMENT NUMBER-DATE

08696 AUG 10 2

FPSC-COMMISSION CLERK