2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

Principal Place of Business 1880 51 ST TERR SW

2. Principal Place of Business

Suite: Apt. #; etc.

Country

NAPLES FL 34116

City & State

Zip

P02000102880

1880 51 ST TERR SW

NAPLES FL 34116

3. Mailing Address

City & State

-Suite-Apt:#-etc≔-

1. Entity Name CAPTAIN 4 SIGHT, INC



FILED Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90141 002 ***150.00

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	4. FEL Number 27-0030905
Country	\$8.75

	and the second results of the second re-		5. Certificate of Status Desired	Fee Required	
6. Name	and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
EDWARDS, DIAN M		Name			
1842 40TH TERR SV	v	Street Address	Street Address (P.O. Box Number is Not Acceptable)		
NAPLES FL 34116					
		City		FL Zip Code	
8. The above named entit	y submits this statement for the purpose of chang	ing its registered office or regist	ered agent, or both, in the State of Florida.	I am familiar with, and accep	

the obligations of registered agent SIGNATURE and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!L FEE IS \$150.00 9. Election Campaign Financing

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (10/02)TITLE ☐ Delete TITLE Change ☐ Addition BRONCHAK, STEVEN M NAME NAME 1880 51ST TERR SW STREET ADDRESS STREET ADDRESS NAPLES FL 34116 CITY-ST-7IP CITY-ST-ZIP SEC TITLE ☐ Delete TITLE ☐ Addition GIVENS, CINDY L NAME NAME 1880 51ST TERR SW STREET ADDRESS STREET ADDRESS NAPLES FL 34116 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 trusted enhancement of the corporation or the receiver or trusted enhancement of the corporation or the receiver or trusted enhancement of the corporation or the receiver or trusted enhancement of the corporation or the receiver or trusted enhancement of the corporation or the receiver or trusted enhancement of the corporation or the receiver or trusted enhancement of the corporation or the receiver or trusted enhancement of the corporation or the receiver or trusted enhancement of the corporation or the receiver or trusted enhancement of the corporation or the receiver or trusted enhancement of the corporation or the receiver or trusted enhancement of the corporation or the receiver or trusted enhancement of the corporation or the receiver or trusted enhancement of the corporation or the receiver or trusted enhancement of the corporation or the receiver of the corporation or the receiver of the corporation or the receiver or trusted enhancement of the corporation or the receiver of the corporation or the receiver of the corporation or the receiver or trusted enhancement of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporation of the corporation or the receiver of the corporation of th

SIGNATURE:

Date