2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2000 8:00 am
Secretary of State
05-05-2000 90032 024 ***150.00

DOCUMENT # P97000073200

1. Entity Name
CAPTAIN QUICKS, INC.

R

Principal Place of Business	Mailing Address
905 S COPELAND AVE EVERGLADES CITY FL 34109-0458	905 S COPELAND AVE EVERGLADES CITY FL 34109-0458

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
~~4801 S. UNIV. DR~~	4801 S UNIV. DR
Suite, Apt. #, etc.: 209	Suite, Apt. #, etc.: 209
City & State: Davie FL	City & State: Davie FL
Zip: 33328 Country: ~~USA~~	Zip: 33328 Country: USA

4. FEI Number APPLIED FOR 650502875 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

QUICK, LARRY L SR.
905 S COPELAND AVE
EVERGLADES CITY FL 34109-0458

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 4801 S. UNIV. DR 209

City: Davie **FL** Zip Code: 33328

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 _____ 8/30/00
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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVTS QUICK, LARRY L SR. ~~905 S COPELAND AVE~~ ~~EVERGLADES CITY FL 34109-0458~~	☐ Delete	☒ Change ☐ Addition	4801 S. UNIVERSITY DR 209 Davie, FL 33328
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

CR2E034 (5/00)

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: SIGNATURE REQUIRED _____ 8/30/00 954 434 5720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #