

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **P 99000083852**
1. Entity Name
CAPTAINS TWO INC,

00 FEB 14 AM 8:51

Principal Place of Business Mailing Address
**1855 GULF BLVD.
ENGLEWOOD, FL 34223**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. **1 MANOR COURT.**
City & State **UNITC**
City & State **Englewood, FL**
Zip **34223** Country **CHARLOTTE**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0948200** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**IRVEN C. GRAHAM
1855 GULF BLVD.
ENGLEWOOD, FL 34223**

7. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

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 _____ (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)

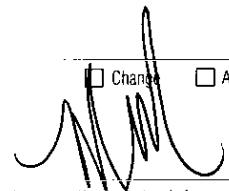
**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

TITLE	<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	
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 checked="" type="checkbox"/> Addition
NAME	DIP/M/C IRVEN C. GRAHAM
STREET ADDRESS	1855 GULF BLVD.
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V/D JEFFRAY GRAHAM
STREET ADDRESS	1 MANOR COURT, UNITC
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S/T/D PATRICIA GRAHAM
STREET ADDRESS	1 MANOR COURT, UNITC
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300003136859--1
STREET ADDRESS	-02/16/00--01016--001
CITY-ST-ZIP	****158.75 ****158.75
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: **Irven C. Graham** IRVEN C. GRAHAM 2/7/2000 1-94-473-0765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)