

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90054 032 ***150.00

DOCUMENT # 298714

1. Entity Name

KAPSEL INC

Principal Place of Business

Mailing Address

1065 S FLORIDA AVE
 LAKELAND FL 33803
 US

2928 REDWOOD AVE.
 LAKELAND FL 33803-4343

00004710



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1160761**

Applied For
 Not Applied

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SELIG, ISAAC M
2928 REDWOOD AVE.
LAKELAND FL 33803

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
 NAME **SELIG, ISAAC M**
 STREET ADDRESS **2928 REDWOOD AVE.**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE Change Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **SELIG, SARA**
 STREET ADDRESS **2928 REDWOOD AVE**
 CITY-ST-ZIP **LAKELAND FL 33803**

TITLE Change Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SH** Delete
 NAME **WOLF, EDITH**
 STREET ADDRESS **2673 EAGLE RIDGE RD.**
 CITY-ST-ZIP **MARRIETTA GA 30062**

TITLE Change Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **KAPLAW, GAIL**
 STREET ADDRESS **23 HEMINGWAY DR**
 CITY-ST-ZIP **SAVANAH GA 31411**

TITLE Change Delete
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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:

Isaac M. Selig
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Isaac M. Selig
 M. Selig

1/6/00 863 680 S
 Date Daytime Phone #