

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 456449

1. Entity Name
CAPO, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90243 026 ***150.00

Principal Place of Business
2 SUNSHINE BLVD
ORMOND BEACH FL 32174
US

Mailing Address
P.O. DRAWER 730429
ORMOND BEACH FL 32173-0429
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-1741005**

Applied For
Not Applicable

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

ASCIK, MARK A.
2 CROOKED BRIDGE WAY
ORMOND BEACH FL 32174

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, 2001 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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASCIK, MARK		NAME		
STREET ADDRESS	253 JOHN ANDERSON DR		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDORF, C. DUKE		NAME		
STREET ADDRESS	23 FOXFORDS CHASE		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRINDLE, DON W.		NAME		
STREET ADDRESS	1500 N BEACH ST		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEWITT, JOHN M. III		NAME		
STREET ADDRESS	9 SEA DRIFT TERRACE		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASCIK, STEVE		NAME	4109 Piute LN	
STREET ADDRESS	4109 PINTE LANE		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: C Duke Landorf C Duke Landorf 5/1/01 386-673-4966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)