

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2001 8:00 am**  
**Secretary of State**

08-06-2001 90004 034 \*\*\*150.00  
 09-05-2001 90006 002 \*\*\*550.00

**DOCUMENT # 674712**

1. Entity Name

CAPE CEMENT & SUPPLY, INC.

Principal Place of Business

1023 SE 12TH AVENUE  
 CAPE CORAL FL 33990  
 US

Mailing Address

1023 SE 12TH AVENUE  
 CAPE CORAL FL 33990  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2008425

Applied For

Not Applicable

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

KNIGHT, RICHARD K.  
 1023 SE 12TH AVE  
 CAPE CORAL FL 33990

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 state if applicable

(NOTE: Registered Agent signature required when re-registering)

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 12, 2001 Fee 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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP  
 DP  
 KNIGHT, R. K.  
 2312 SW 54TH ST  
 CAPE CORAL FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP

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 CITY-STATE-ZIP

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TITLE  
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 STREET ADDRESS  
 CITY-STATE-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP  
☐ Change ☐ Addition

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 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP  
☐ Change ☐ Addition

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]*  
 SIGNATURE ARE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-01

941-574-4844

Date

Daytime Phone #

CP2E04 (5/01)