

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90058 007 ****61.25

432444



DO NOT WRITE IN THIS SPACE

DOCUMENT # 744985

1. Entity Name

CAPE MATES, INC.

Principal Place of Business

Mailing Address

917 SE 47TH TERR
 CAPE CORAL FL 33904

917 SE 47TH TERR
 CAPE CORAL FL 33904

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

59-1873874

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

LEMONDE, EMMA
 1929 SE 5TH PL
 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

Emma LeMonde *Emma LeMonde* *4-29-02*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Delete
 NAME HELEN, MEYER
 STREET ADDRESS 25270 ROLAND LANE
 CITY-ST-ZIP PUNTA GORDA FL 33955

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

TITLE P ☐ Delete
 NAME WAY, ETHEL
 STREET ADDRESS 1929 SE 5TH PL
 CITY-ST-ZIP CAPE CORAL FL 33990

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

TITLE D ☐ Delete
 NAME POLVERARI, JUDY
 STREET ADDRESS 1502 S.E. ELLA PL.
 CITY-ST-ZIP CAPE CORAL FL 33990

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

TITLE D ☐ Delete
 NAME GAMAUF, GRACE
 STREET ADDRESS 2029 E. 27 TERRACE
 CITY-ST-ZIP CAPE CORAL FL 33904

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

TITLE T ☐ Delete
 NAME LEMONDE, EMMA
 STREET ADDRESS 1929 SE 5TH PLACE
 CITY-ST-ZIP CAPE CORAL FL 33990

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Emma LeMonde *4-29-01* *941-450-3246*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)