


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91052 039 ****61.25

DOCUMENT # 767085

1. Entity Name
CAPTAIN'S QUARTERS, INC.



Principal Place of Business
**2734 N.E. 14TH STREET
FT. LAUDERDALE FL 33304**

Mailing Address
**2734 N.E. 14TH STREET
FT. LAUDERDALE FL 33304**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2730 N.E. 14th St.

3. Mailing Address
2730 N.E. 14th St.

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE FL.

City & State
FT. LAUDERDALE FL.

Zip
33304

Country
BROWARD

Zip
33304

Country
BROWARD

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MAC MICHAEL, CHARLES H
2734 NE 14 STREET
FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name
MAURA MAHON

Street Address (P.O. Box Number is Not Acceptable)
2730 N.E. 14th STREET

City
FT. LAUDERDALE FL Zip Code
33304

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Maura Mahon, President* DATE **4/01/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZAFER, RAY 2732 NE 14 STREET FORT LAUDERDALE FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MACMICHAEL, ANITA R. 2734 N.E. 14TH STREET FT. LAUDERDALE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OZGYIT, OSMAND 2728 NE 14TH ST. FT. LAUDERDALE FL 33304	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAYHON, MAURA 2730 NE 14TH ST. FT. LAUDERDALE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAC MICHAEL, CHARLES H 2734 NE 14 STREET FT LAUDERDALE FL 33304	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RAY ZAFER 2732 NE. 14th St. FT. LAUDERDALE, FL. 33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NICK SWATKOWSKI 2730 N.E. 14th St. FT. LAUDERDALE, FL. 33304	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PITD MAURA MAHON 2730 N.E. 14th St. FT. LAUDERDALE, FL. 33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Maura Mahon* **MAURA MAHON** 04/01/03 570-650-7787

CR2E037 (10/02)