## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # J30084

1. Entity Name

CAPPY'S MEAT MARKET, INC.

Principal Place of Business

% ALAN WAGNER 3435 S. WESTSHORE BLVD.

**TAMPA FL 33629** 

Mailing Address

% ALAN WAGNER

3435 S. WESTSHORE BLVD.

**TAMPA FL 33629** 

2. Principal Place of Business 2424 Tampa Bay BIVD. 3. Mailing Address 2424 TampaBan BIVD

**FILED** 

May 09, 2002 8:00 am Secretary of State

05-09-2002 90051 042 \*\*\*150.00

Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 0-207 C-207 City & State City & State 4. FEI Number Florion 59-2719307 Tamila Country \$8.75 Additional -5. Certificate of Status Desired 33607 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WAGNER, ALAN Street Address (P.O. Box Number is Not Acceptable) 215 SOUTH MONROE, STE 412

TALLAHASSEE FL 32301

(NOTE: Registered Agent signature required when reinstating)

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.

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

9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so.

After May 1, 2002 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

Applied For

Not Applicable

(See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 2424 Tompe Bay Blog Change TITLE ☐ Delete NAME CAPITANO, BARBARA NAME Tampe, Floria 33607 STREET ADDRESS STREET ADDRESS 3435 S. WESTSHORE BLVD. CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33629** Change ☐ Delete TITLE TITLE NAME same as above NAME CAPITANO, TAMMY LORI STREET ADDRESS STREET ADDRESS 3435 WESTSHORE BLVD. CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33629** Change ☐ Detete TITLE ☐ Addition NAME CAPITANO, TINA LYNN NA<u>ME</u> STREET ADDRESS STREET ADDRESS 3435 S.WESTSHORE BLVD. CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33629 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME CAPITANO, TERRY L STREET ADDRESS STREET ADDRESS 3435 S WESTSHORE BLVD CITY-ST-7IP **TAMPA FL 33629** CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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: \( \)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)