2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K11133

FILED
01 MAR 19 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

C.A.P. INTERNATIONAL ACTIVITIES, INC.

Principal Place of Business	Mailing Address
200 S WASHINGTON BLVD SUITE 12 SARASOTA FL 34236 US	200 S WASHINGTON BLVD SUITE 12 SARASOTA FL 34236-6967 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 65-0018484 — Applied / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COX, RICHARD L
200 S WASHINGTON BLVD
SUITE 12
SARASOTA FL 34236

7. Name and Address of New Registered Agent

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 ______________________ DATE

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

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 [illegible]
After MAY [illegible]
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fee

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐
NAME	CAPELL, WILLY		NAME		
STREET ADDRESS	2014 4TH ST		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐
NAME	CAPELL, ANKE		NAME	300003912813---4	
STREET ADDRESS	2014 4TH ST		STREET ADDRESS	-03/27/01--01094--002	
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP	****150.00 ****150.00	
TITLE	D	☐ Delete	TITLE		☐ Change ☐
NAME	CAPELL, SUSANN		NAME		
STREET ADDRESS	2014 4TH ST		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	T8	
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: Willy Capell 02.03.00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Willy Capell 14.03.01