

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K49333**

1. Entity Name

CAPTAIN'S B+B, INC.

FILED
Jun 14, 2000 8:00 am
Secretary of State

06-14-2000 90005 032 ***150.00

Principal Place of Business

Mailing Address

700 OAKRIDGE BLVD
DAYTONA BCH, FL 32118-3936

2. Principal Place of Business

3. Mailing Address

700 OAKRIDGE BLVD.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAYTONA BEACH FL.

City & State

4. FEI Number

Applied For

Not Applicable

Zip

32118-3936

Country

FLORIDA

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

JOSEPH S. CARUSO
700 OAKRIDGE BLVD.
DAYTONA BCH, FL 32118-3936

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00

After MAY 1, 2000 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT DIRECTOR <input type="checkbox"/> Delete
NAME	JOSEPH S. CARUSO
STREET ADDRESS	700 OAKRIDGE BLVD.
CITY-ST-ZIP	DAYTONA BCH, FL 32118-3936
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: **Joseph S. Caruso**

6-6-00

904-257-6142

Date

Daytime Phone #

CR2E034 (9/99)