

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90318 008 ***150.00

DOCUMENT # K82343

1. Entity Name
CAPRI SERVICES, INC.

Principal Place of Business
25 WICKHAM RD. #A
MELBOURNE FL 32904
US

Mailing Address
25 WICKHAM RD. #A
MELBOURNE FL 32904
US



2. Principal Place of Business
25A Wickham Rd A

3. Mailing Address

Suite, Apt. #, etc.
Melbourne

Suite, Apt. #, etc.

City & State
FL

City & State

4. FEI Number
59-2964510

Applied For
Not Applicable

Zip
32904 Country
BREVARD

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

THOMAS A. CAPRITTA
921 MANDARIN DR. NE.
PALM BAY FL 32905

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 Michele M Capritta Sec. DATE 4/25/02

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CAPRITTA, THOMAS ANGELO
STREET ADDRESS 25 S. WICKHAM RD. #A
CITY-ST-ZIP MELBOURNE FL 32904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME CAPRITTA, MICHELE MARIE
STREET ADDRESS 25 S. WICKHAM RD. #A
CITY-ST-ZIP MELBOURNE FL 32904

TITLE
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CITY-ST-ZIP

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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: Michele Capritta Sec.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)