

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90091 036 ***150.00

DOCUMENT # K99127

1. Entity Name
CAPABAL KENNEL, INC.

Principal Place of Business

% PAUL CAPLE
3720 QUAIL FOREST DR.
TARPON SPRINGS FL 34689

Mailing Address

% PAUL CAPLE
3720 QUAIL FOREST DR.
TARPON SPRINGS FL 34689



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7961 12TH STREET NORTH

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ST PETERSBURG, FL

City & State

4. FEI Number
59-2959473

Applied For
 Not Applicable

Zip
33702

Country

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

CAPLE, PAUL
3720 QUAIL FOREST DR.
TARPON SPRINGS FL 34689-4997

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
 NAME **P**
 STREET ADDRESS **CAPLE, PAUL**
 CITY-ST-ZIP **3720 QUAIL FOREST DR.**
TARPON SPRINGS FL 34689

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **CAPLE, SUSAN**
 CITY-ST-ZIP **3720 QUAIL FOREST DR.**
TARPON SPRINGS FL 34689

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **PARKER, HENRY**
 CITY-ST-ZIP **7961 12TH STREET N**
SAINT PETERSBURG FL 33702

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **PARKER, BELINDA**
 CITY-ST-ZIP **7961 12TH STREET N**
SAINT PETERSBURG FL 33702

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **X SIGNATURE REQUIRED T.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-02 727-577-0294
 Date Daytime Phone #

CR2E034 (4/02)

Attachment

#K99127

125715



CAPABAL KENNEL, INC.
7961 12th Street North
St. Petersburg, FL 33702

9-13-02

To whom it may concern:

~~Please accept this payment of \$150⁰⁰~~ Because
this paper work was mail to 3720 Quail Forest &
should have been mail to 7961 12th St N, as
I pay the bills, also I have been out of
town quite a bit this Spring & Summer Because
my Sister in N.H. is dying (as we speak) of
Small cell Cancer.

Thank-you

Belinda Parker.

Treasures

7961 12th St N.

St. Pete Fl.

33702