

DOCUMENT # L64793

1. Entity Name

CAPE INTERNATIONAL PROPERTIES, INC.

FILED

May 31, 2000 8:00 am
Secretary of State

05-08-2000 90127 005 ***150.00

Principal Place of Business

Mailing Address

2804 DEL PRADO BLVD
STE 202-3
CAPE CORAL FL 33904
US2804 DEL PRADO BLVD
#105
CAPE CORAL FL 33904-7283
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

106

106

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0183414

Applied For

Not Applicable

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

PEACH, DANIEL G.
2508 S.E. 24TH PLACE
CAPE CORAL FL 33904

Name RONALD T. OLSEN

Street Address (P.O. Box Number is Not Acceptable)

6328-B Sugarbush Lane

City FT. MYERS,

FL

Zip Code 33908

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSD
NAME PEACH, DANIEL G.
STREET ADDRESS 2508 S.E. 24TH PLACE
CITY-ST-ZIP CAPE CORAL FL ☐ DeleteTITLE VT
NAME PEACH, DANIEL G
STREET ADDRESS 2508 S.E. 24TH PLACE
CITY-ST-ZIP CAPE CORAL FL ☐ DeleteTITLE
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CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSDV
NAME GRAY, EDWARD I.
STREET ADDRESS 2706 SE 17th AVE.
CITY-ST-ZIP CAPE CORAL FL 33904 ☒ Change ☐ AdditionTITLE T
NAME OLSEN RONALD T.
STREET ADDRESS 6328-B SUGARBUSH LANE
CITY-ST-ZIP FT. MYERS, FL. 33908 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 (RONALD T. OLSEN) 4-29-00 (941) 542-1121

Date

Daytime Phone #