

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90328 030 ***158.75

DOCUMENT # M78214

1. Entity Name

CAPE IV, INC.

Principal Place of Business

4701 RIVERVIEW BLVD
 BRADENTON FL 34209
 US

Mailing Address

270 MAIN ST
 HIGHLANDS NC 28741
 US

2. Principal Place of Business

3. Mailing Address

6091 MANASOTA KEY RD 6091 MANASOTA KEY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ENGLEWOOD

City & State

ENGLEWOOD

Zip

Country

34223

Zip

Country

34223

4. FEI Number

59-2889817

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

DUBS, EILEEN M.
 4701 RIVERVIEW BLVD
 BRADENTON BCH FL 34209

Name

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

6091 MANASOTA KEY RD

City

ENGLEWOOD

FL

Zip Code

34223

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 *Eileen M. Dubs*
 Signature, typed or printed name of registered agent and title if applicable.

Eileen M. Dubs

2-3-01
 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DPT DUBS, EILEEN M. 270 MAIN ST. HIGHLAND NC 28741	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DUBS, CHARLES F. 270 MAIN ST. HIGHLAND NC 28741	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6091 MANASOTA KEY RD ENGLEWOOD FL. 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6091 MANASOTA KEY RD ENGLEWOOD FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

Charles F. Dubs sec

2/3/01
 Date

941 400 3091
 Daytime Phone #

CR2E034 (10/00)