

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90008 035 ***550.00

DOCUMENT # M84358

1. Entity Name
CAPAPIE'S, INC.

Principal Place of Business
 13330 EMERALD COAST PKWY
 DESTIN FL 32541
 US

Mailing Address
 13330 EMERALD COAST PKWY
 DESTIN FL 32541
 US

2. Principal Place of Business
13330 W. EMERALD COAST PKWY
 Suite, Apt. #, etc.

3. Mailing Address
13330 W. EMERALD COAST PKWY
 Suite, Apt. #, etc.

City & State
DESTIN, FL

City & State
DESTIN, FL

4. FEI Number **59-2892116**
 Applied For
 Not Applicable

Zip **32541** Country **USA**

Zip **32541** Country **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARRICK, GAYLE M.
785 BLUE MTN BCH DR
SANTA ROSA BEACH FL 32459

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 Min. 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	D <input type="checkbox"/> Delete
NAME	WARRICK, GAYLE M.
STREET ADDRESS	785 BLUE MTN BCH DR
CITY-ST-ZIP	SANTA ROSA BEACH FL
TITLE	D <input type="checkbox"/> Delete
NAME	SUMRALL, KELLEY P
STREET ADDRESS	439 KATS CT
CITY-ST-ZIP	DESTIN FL 32541
TITLE	D <input type="checkbox"/> Delete
NAME	COOK, LYNN P
STREET ADDRESS	3113 COBBLESTONE DR
CITY-ST-ZIP	PACE FL
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
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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: *Gayle M. Warrick* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
 Date: 7/06/00 Daytime Phone #: 850-654-9336