

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90049 034 ****65.00

DOCUMENT # N94000003001

1. Entity Name
 CAPES SERVICES, INC

Principal Place of Business

590 31ST STREET S
 SAINT PETERSBURG FL 33712

Mailing Address

590 31ST STREET S
 SAINT PETERSBURG FL 33712-1423

2. Principal Place of Business

3. Mailing Address

Suite Apt #, etc

Suite Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FSI Number 59-3249880

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

SHEETZ *Phyllis*
 6527 RENALDO WAY, SOUTH
 ST. PETERSBURG FL 33707

Name *Phyllis Sheetz*
Street Address (P.O. Box Number is Not Acceptable)

6527 Renaldo Way S.
City *St Petersburg* **FL** **ZIP CODE** *33707*

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 *Phyllis A. Sheetz*

4/30/00

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 \$500.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	☐ Delete
NAME	<i>Cynthia Chase</i>	
STREET ADDRESS	<i>4108 Cannon Court</i>	
CITY-STATE-ZIP	<i>Kissimmee, Florida 34746</i>	
TITLE	DVS	☐ Delete
NAME	<i>Brenda Adams</i>	
STREET ADDRESS	<i>12 Pringle Tree Road</i>	
CITY-STATE-ZIP	<i>Buckhannon, WV 25201</i>	
TITLE	D	☐ Delete
NAME	<i>Virgie Sisk</i>	
STREET ADDRESS	<i>1520 Walnut Drive</i>	
CITY-STATE-ZIP	<i>Chester, Va. 23836</i>	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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.

Phyllis A. Sheetz, Pres.

4/30/00