

FILED  
Apr 07, 2002 8:00 am  
Secretary of State

04-07-2002 90068 005 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P 00 0000 79542

1. Entity Name

Cape Brooklyn, Inc.

**DO NOT WRITE IN THIS SPACE**

80057696

2. Principal Place of Business 1601 JACKSON ST		3. Mailing Address 1601 JACKSON ST	
Suite, Apt. #, etc. SUITE 201		Suite, Apt. #, etc. SUITE 201	
City & State FORT MYERS FL		City & State FT MYERS FL	
Zip 33901	Country USA	Zip 33901	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 651040347	Applied For <input type="checkbox"/>
Not Applicable	

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name TIFFANY WINKELSA	
Street Address (P.O. Box Number is Not Acceptable) 1601 JACKSON ST	
SUITE 204	
City FORT MYERS	FL Zip Code 33901

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

*Tiffany Winkelsa* Registered Agent

3/25/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / DIRECTOR ROBERT T MAHER 1601 JACKSON ST SUITE 201 FORT MYERS FL 33901
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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 on an attachment with an address. With all other like empowered.

SIGNATURE:

*Robert T. Maher* Robert T. Maher Director 3/25/02 541-337-1707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)