

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000103580

1. Entity Name

CAPE VIEW PROPERTIES, INC.

FILED
Jun 14, 2001 8:00 am
Secretary of State

06-14-2001 90010 009 ***550.00

Principal Place of Business

3617 CATTAIL DR S
JACKSONVILLE FL 32223

Mailing Address

3617 CATTAIL DR S
JACKSONVILLE FL 32223

2. Principal Place of Business

8501 ASTRONAUT BLVD.

3. Mailing Address

P.O. Box 1046

Suite, Apt. #, etc.

Suite # C

Suite, Apt. #, etc.

City & State

CAPE CANAVERAL, FLA

City & State

CAPE CANAVERAL, FLA

4. FEI Number

59-3680402

Applied For

Not Applicable

Zip

32920

Country

BREVARD

Zip

32920

Country

BREVARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLUM, GEOFFREY K
3617 CATTAIL DR S
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name

Judy A. Watterson

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

5056 SIESTA DEL RIO DR.

City

Jacksonville, FL

FL

Zip Code

32258

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: JUDY A. WATTERSON

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

Judy A. Watterson

(Not a Registered Agent signature required when reinstating)

6/2/01

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

TITLE: D
NAME: BLUM, GEOFFREY K
STREET ADDRESS: 3617 CATTAIL DR S
CITY-ST-ZIP: JACKSONVILLE FL 32223 ☒ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
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TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President
NAME: HOWARD BLUM
STREET ADDRESS: 1080 INVERNESS AVE
CITY-ST-ZIP: Melbourne, FL 32940 ☐ Change ☒ Addition

TITLE: Vice President
NAME: Judy A. Watterson
STREET ADDRESS: 5056 SIESTA DEL RIO DR.
CITY-ST-ZIP: JACKSONVILLE, FL 32258 ☐ Change ☒ Addition

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
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: JUDY A. WATTERSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judy A. Watterson

Date

6/2/01

Daytime Phone #