

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113401

1. Entity Name

CAP CONSTRUCTION & CONSULTING, INC.

AMENDED  
02 APR -3 PM 3:34  
CLARK COUNTY  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
ADD

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3825 TOBY AVE

Suite, Apt. #, etc.

3. Mailing Address

3825 TOBY AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MALABAR, FL.

City & State

MALABAR, FL.

4. FEI Number

59-3710537

Applied For

Not Applicable

Zip

32950

Country

BREVARD

Zip

32950

Country

BREVARD

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CRAIG PUTNAM

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

3825 TOBY AVE.

City

MALABAR

FL

Zip Code

32950

DO NOT WRITE  
IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

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	P.T.D.
NAME	CRAIG A. PUTNAM
STREET ADDRESS	3825 TOBY AVE
CITY - ST - ZIP	MALABAR, FL. 32950
TITLE	VP, D
NAME	ROBERT F. PUTNAM
STREET ADDRESS	3825 TOBY AVE.
CITY - ST - ZIP	MALABAR, FL. 32950
TITLE	S.D.
NAME	CHARLES G. HOLMES
STREET ADDRESS	2998 FIRWOOD AVE.
CITY - ST - ZIP	PALM BAY, FL. 32909
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

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:

*Craig A. Putnam*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-02

Date

321-508-0428

Daytime Phone #

CR020348 (12/01)