

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90032 015 ***150.00

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

DOCUMENT # **PO100001200110**

1. Entity Name
THE CAPTAINS STOREY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1009-C PINEVIEW BLVD.
 Suite, Apt. #, etc.

3. Mailing Address
1009-C PINEVIEW BLVD
 Suite, Apt. #, etc.

City & State
FT. WALTON BEACH FL
 Zip
32547
 Country
USA

City & State
FT. WALTON BEACH FL
 Zip
32547
 Country
USA

4. FEI Number
30-0016621
 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 IN THIS SPACE**

7. Name and Address of Current Registered Agent
 Name **RAELIN M. STOREY**
 Street Address (P.O. Box Number is Not Acceptable)
460 BRIERCLIFF DRIVE
 City **ORLANDO FL** Zip Code **32806**

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 resigning)

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	P/T RAYMOND M. STOREY 1009-C PINEVIEW BLVD FT. WALTON BEACH FL 32547	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/S PEGGY A. STOREY 1009-C PINEVIEW BLVD. FT. WALTON BEACH FL 32547	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)(f), 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: **Raymond M Storey** RAYMOND M. STOREY 3/30/02 850-864-1185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)