

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State
 05-10-2002 90029 041 ***150.00

DOCUMENT # P01000120632

1. Entity Name

CAPTAIN BRIAN MIDDLETON ENTERPRISES, INC.

Principal Place of Business

**130 WOODCREST DRIVE
 APARTMENT 217
 ST. AUGUSTINE FL 32084**

Mailing Address

**130 WOODCREST DRIVE
 APARTMENT 217
 ST. AUGUSTINE FL 32084**

2. Principal Place of Business

236 N. Whitney St.

3. Mailing Address

236 N. Whitney St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32084 UNITED STATES

Zip

32084 UNITED STATES

4. FEI Number

01-0553358

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**INTERNOSCIA, DAVID
 3149 PONCE DE LEON BLVD.
 UNIT #7
 ST. AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

X Brian Middleton

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

(NOTE: Registered Agent signature required when reinstating)

4-24-2002
 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, 2002 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 **PVST** ☒ Delete
 NAME **MIDDLETON, BRIAN**
 STREET ADDRESS **130 WOODCREST DRIVE, APT. 217**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **D** ☒ Delete
 NAME **MIDDLETON, BRIAN**
 STREET ADDRESS **130 WOODCREST DRIVE, APT. 217**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☒ Change ☐ Addition
 NAME **Middleton, Brian**
 STREET ADDRESS **236 N. Whitney St.**
 CITY-ST-ZIP **St. Augustine, FL 32084**

TITLE **D** ☒ Change ☐ Addition
 NAME **Middleton, Brian**
 STREET ADDRESS **236 N. Whitney St.**
 CITY-ST-ZIP **St. Augustine, FL 32084**

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-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.

SIGNATURE: **X**

Brian Middleton, Pres.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)