

### Florida Department of State

Division of Corporations Public Access System

#### Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H020001997137)))

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

RATIONS

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300

Phone : (608)827-5300 Fax Number : (608)827-5501

-

#### REGISTERED AGENT CHANGE

CAPT.'S CAFE INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

48.75

9/18/200

•

https://ccfss1.dos.state.fl.us/scripts/efilcovr.exe

SEP-18-2002 01:08PM FROM-BUSINESS FILLINGS INC

## Ho2000199713/

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

submits the foll the State of Flo		mge its registered o	ffice or registered agent, or both, in	
_	address of the corporation is:	*		
	ew Ct., Ft. Meyers, FL 33901.	v 15, 2002	current number: P02000017865	- · ·
	rporation/qualification: Februar		difference of the second secon	
	d address of the current register	ed agent and office.		
	Business Filings Incorporated			
	1000 West Avenue, Suite 1114, M	iami Beach, FL 3313	9 7700 0	
	Located in the County of Miami-D		PER S	10.00
5. The name ar	nd address of the new registered	agent and office: (P		
	Margie Geddes			D 5
	1414 Bayview Ct., Ft. Meyers, F	L 33901.	me :	PH T
	Located in the County of Lee			بي
agent, as chan	ged, will be identical.		f the business office of its registered	5
Such change vauthorized by	vas authorized by resolution du the board.	ly adopted by its bo	ard of directors or by an officer so	
Maran	- Delle-		9/3/02	
(SignAlur Margie Geddes		n of the board)	(Date)	
	(Printed or typed name and title)			
Having been recorporation, la further agree performance or registered age	named as registered agent and in the learning of the learning and in the provisions of my duties, and I am familiar	to accept service of a service of a service of a service of a service of all statutes relat with and accept the	process for the above stated it and agree to act in this capacity. ive to the proper and complete obligation of my position as	
MA	Lan Helder	•	9/3/02	
Margie Gedde If signing on bel	(Signature of Registered Agent)		(Date)	
	(Typed or Printed Name)		(Capacity)	
	* * * FIL1	NG FEE: \$35.00 *	* *	
CR2E045(7/97)		P.O. Box 6327	Tallahassee, FL 32314	