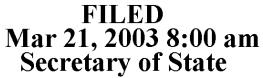
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)



DOCUMENT # P02000044594  1. Entity Name CAPS, INCORPORATED				Secretary of State 03-21-2003 90128 005 ***150.00		
Principal Place of Business Mailing Address 2926 W SABLE CIR 2926 W SABLE CIR MARGATE FL 33063 MARGATE FL 33063						
2. Principal Place of Business 1733 NW 38 Avenue 3. Mailing Address				†		
Suite, Apt. #, etc. Suite, Apt. #, etc.				-	CHECK HERE IF MAKING CHANGES	
City & Stat Laudes		City & State			4. FEI Number         Applied For           O2 - 0572387         Not Applicable	
Zip 333 11	Country USA	Zip	Country		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent			7. Name and Address of New Registered Agent	
Name				10.40	Stuart	
STUART, PETER 2926 W SABLE CIR MARGATE FL 33063			Street Ad	et Address (P.O. Box Number is Not Acceptable)		
City Louderhil				h.   FL Zip Code 733		
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and tifle if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  P. Election Campaign Financing Trust Fund Contribution.  Trust Fund Contribution.						
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUART, PETER 2926 W SABLE CIR MARGATE FL 33063	<b>⊠</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, Pek 1735 Jack	er. Stuart	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
THILE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP.	·	Change Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Change Addition	

12. 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 triplee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other tike empowered.

SIGNATURE: