

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90128 005 ***150.00

DOCUMENT # P02000044594

1. Entity Name
CAPS, INCORPORATED



Principal Place of Business
**2926 W SABLE CIR
MARGATE FL 33063**

Mailing Address
**2926 W SABLE CIR
MARGATE FL 33063**



2. Principal Place of Business

1733 NW 38 Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lauderhill, Florida

City & State

1

4. FEI Number

02-0572387

Applied For

Not Applicable

Zip

33311

Country

USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**STUART, PETER
2926 W SABLE CIR
MARGATE FL 33063**

7. Name and Address of New Registered Agent

Name

Peter Stuart

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

1733 NW 38 Avenue

City

Lauderhill

FL

Zip Code

33311

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **STUART, PETER**
STREET ADDRESS **2926 W SABLE CIR**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D, P, S** ☒ Change ☐ Addition
NAME **Peter Stuart**
STREET ADDRESS **1733 NW 38 Avenue**
CITY-ST-ZIP **Lauderhill, FL 33311**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 trustee 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/03 954-675-8368

CR2E034 (10/02)