

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000032745

1. Entity Name

CAPIZ INTERNATIONAL, INC.

FILED

03 MAY 28 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

205 WAYMENT CT
STE 101
LAKE MARY FL 32746

Mailing Address

205 WAYMENT CT
STE 101
LAKE MARY FL 32746

2. Principal Place of Business

205 Waymont Ct.

3. Mailing Address

205 Waymont Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3179104

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TURNER, RICHARD
3525 W LAKE MARY BLVD.
LAKE MARY FL 32746

7. Name and Address of New Registered Agent

Name Turner, Richard

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

205 Waymont Ct.

City Lakemary

FL

Zip Code 32746

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

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

(NOTE: Registered Agent signature required when reinstating)

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 D ☐ Delete
NAME TURNER, RICHARD
STREET ADDRESS 3525 WEST LAKE MARY BLVD.
CITY-ST-ZIP LAKE MARY FL 32746

TITLE VP ☒ Delete
NAME TURNER, RICHARD II
STREET ADDRESS 3525 W LAKE MARY BLVD
CITY-ST-ZIP LAKE MARY FL 32746

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS 300020544289
CITY-ST-ZIP 06/05/03--01049--027 **550.00

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

Date

Daytime Phone #

407.321-4159

CR2E034 (9/01)

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