

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/5/

FILED
Jun 11, 2003 8:00 am
Secretary of State

05-05-2003 91389 003 ***150.00

DOCUMENT # P93000085086

1. Entity Name
CAPE HOLDINGS INC.



Principal Place of Business
PO BOX 28134
PANAMA CITY FL 32411-8134
US

Mailing Address
PO BOX 28134
PANAMA CITY FL 32411-8134
US

55047472

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3214754**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHARP, SARAH HELENE
25 SE SECOND AVENUE
STE 1020
MIAMI FL 33131

Name **PHILIP SROKA, CPA**
Street Address (P.O. Box Number is Not Acceptable)
1001 Brickell Bay Drive
9th Floor
City **Miami** FL Zip Code **33131**

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 *Philip Sroka*

(NOTE: Registered Agent signature required when reinstating)

6/9/03
DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	SHARP, WILLIAM L	
STREET ADDRESS	401 N. MICHIGAN AVE. #1900	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SHARP, SARAH HELENE	
STREET ADDRESS	25 SOUTHEAST SECOND AVENUE, SUITE 1020	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SHARP, SHERYL	
STREET ADDRESS	400 SOUTH GREEN ST	
CITY-ST-ZIP	CHICAGO IL 60607	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHARP, JONATHAN DOUGL	
STREET ADDRESS	1107 SIXTEENTH STREET	
CITY-ST-ZIP	SANTA MONICA CA 90403	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(b), 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

William L. Sharp
WILLIAM L. SHARP

Date

PRESIDENT

312595-0035

Daytime Phone #

CR2E034 (10/02)