**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000040992  1. Entity Name CAPHCO, INC.					Jan 25, 2002 8:00 am Secretary of State 01-25-2002 90016 040 ***150.00			
Principal Place of Business  ONE PROGRESS BLVD. ALACHUA FL 32615 US		Mailing Address 6464 GREENLAND ROAD JACKSONVILLE FL 32258 US						
2. Principal I	Place of Business	3. Mailing Address	<del></del>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		<b>4</b> . F	4. FEI Number 59-3247595 Applied For Not Applicable			
Zip	Country	Zip (	Country	5. (	Certificate of Status Desired	\$8.75 Ac	dditional	
	6Name and Address of Current F	legistered Agent		7.7	Name and Address of New Registered	<del></del>		
	<del>10</del>		Name					
ÖWEN, RONALD M 136 E BAY STREET			Street Addres	s (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32202				<u>-</u>				
	·		City		F	L Zip Coo	de	
Tax filing requirement and elects to do so.  (See criteria on back)  After May 1, 2  Make Check Paya			!!! FEE IS \$150.00 02 Fee will be \$550.00 ble to Department of State			∐ Adde	00 May Be ed to Fees	
11.	OFFICERS AND D	-	12.	AD	DITIONS/CHANGES TO OFFICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATTHEW T. MAYNOR 6464 GREENLAND RAOD JACKSONVILLE FL	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME Street address City-St-Zip	D GROOMS, JAMES M 5131 N.W. 76TH LANE GAINESVILLE FL 32606	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST-ZIP			☐ Change	☐ Addition	
TITLE NAME Street address City-St-Zip	D BATICH, CHRISTOPHER 3733 N.W. 40TH STREET GAINESVILLE FL 32606	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP			— ( Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAY, ARTHUR 2300 N W 26TH ST GAINESVILLE FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE IAME STREET ADDRESS STY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE HAME STREET ADDRESS CHY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
13. I hereby o	certify that the information supplied with on this report or supplemental report is poration or the receiver or trusted empor or on an attackment with an active servi-	nis King does not qualify for the	exemption stated in S	Section 1 e same le 07, Florid	19.07(3)(i), Florida Statutes. I further ce egal effect as if made under oath; that I la Statutes; and that my name appears	rtify that the ir am an officer in Block 11 o	nformation or director r Block 12 if	

**SIGNATURE:** 

PAINTED NAME OF SIGNING OFFICER OR DIRECTOR AND THE ED OF

904268-3321

Daytime Phone #