ー・・・・ 2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 08, 2000 8:00 am Secretary of State DOCUMENT # P94000060106 1. Entity Name CAPTAIN'S LANDING, INC. 02-08-2000 90153 032 ***150.00 Principal Place of Business Mailing Address 3421 BONITA BEACH RD 600 HWY 7 E **UNIT 408** SUITE 101 BONITA SPRINGS FL 34134 RICHMOND HILL ON L4B 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0533022 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --Name CAPTAIN INVESTMENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 3421 BONITA BEACH ROAD **UNIT 408 BONITA SPRINGS FL 34134** City Zip Code 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PSTD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition KAPYTN, JOHN NAME STREET ADDRESS 600 HIGHWAY NO. 7 EAST, STE 101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RICHMOND HILL ON L4B- 1B2 TITLE Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 impowered.

SIGNATURE:

SIGNATURE AND TYPED OF THE TOTAL OF SIGNING OFFICER OR DIRECTOR

January 28,2000

905-882-3128

Daytime Phone #