

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90236 024 ***150.00

DOCUMENT # P94000086915

1. Entity Name

CAPE HAZE INVESTMENTS, INC.

Principal Place of Business

Mailing Address

~~777 GULF BLVD.~~
~~BOCA GRANDE FL 33921~~

~~P.O. BOX 1560~~
~~BOCA GRANDE FL 33921-1560~~
~~US~~

2. Principal Place of Business

3. Mailing Address

115 SpYgLASS Alley
 Suite, Apt. #, etc.
CAPE HAZE

115 SpYgLASS Alley
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

FL.

CAPE HAZE, FL.

4. FEI Number

65-0694374

Applied For

Not Applicable

Zip

Country

33946

Zip

Country

33946

US

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

GILLAN, WILLIAM

~~821 BELCHER RD.~~

~~P.O. BOX 1560~~

~~BOCA GRANDE FL 33921~~

Name

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

115 SPYGLASS ALLEY

City

CAPE HAZE

FL

Zip Code

33946

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

William Gillan

WILLIAM GILLAN

4-29-00

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	GILLAN, WILLIAM	
STREET ADDRESS	821 BELCHER RD	
CITY-ST-ZIP	BOCA GRANDE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GILLAN, SHIRLEY	
STREET ADDRESS	821 BELCHER RD, P.O. BOX 1024	
CITY-ST-ZIP	BOCA GRANDE FL 33921	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MIGLIACCIO, LIDIJA	
STREET ADDRESS	81 ROTONDA CIRCLE	
CITY-ST-ZIP	ROTONDA WEST FL 33947	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MIGLIACCIO, SAM	
STREET ADDRESS	81 ROTONDA CIRCLE	
CITY-ST-ZIP	ROTONDA WEST FL 33947	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	115 SPYGLASS ALLEY	
STREET ADDRESS	CAPE HAZE, FL.	
CITY-ST-ZIP	33946	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	115 SPYGLASS ALLEY	
STREET ADDRESS	CAPE HAZE, FL.	
CITY-ST-ZIP	33946	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

William Gillan

WILLIAM GILLAN

4-29-00

941-698-0080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)