

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90079 041 \*\*\*150.00

**DOCUMENT # P94000087058**

1. Entity Name  
**WEST BEACH PLAZA, INC.**

Principal Place of Business

Mailing Address

**3421 BONITA BEACH ROAD  
 UNIT 408  
 BONITA SPRINGS FL 34134  
 US**

**600 HIGHWAY NO. 7 EAST  
 101  
 RICHMOND HILL ON L4B- 1B2  
 CA**

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 **65-0543849**

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

**CAPTAIN INVESTMENTS, INC.  
 3421 BONITA BEACH ROAD  
 UNIT 408  
 BONITA SPRINGS FL 34134**

Name **Captain Investments, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable) **3421 Bonita Beach Road, Unit 308**  
 City **Bonita Springs** **FL** Zip Code **34134**

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, 2001 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	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>KAPTYN, JOHN</b>	
STREET ADDRESS	<b>600 HIGHWAY NO. 7 EAST, STE 101</b>	
CITY-ST-ZIP	<b>RICHMOND HILL ON L4B- 1B2</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		

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

**2001 1-(905) 882-3128**

Date

Daytime Phone #

CR2E034 (10/00)