2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P94000088802 DOCUMENT

1. Entity Name

PINE CAPE CORPORATION

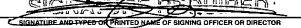


FILED Apr 07, 2003 8:00 am Secretary of State 04-07-2003 91007 029 ***150.00

Principal Place of Business 1136 NE PINE ISLAND RD CAPE CORAL FL 33909 US			6370 C/O FORT US										
2. Principal Place of Business				3. Mailing Address				1 10015001 HE 101H WINT BOTH WOLLS	11	B	18158 1181 1881		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FEI Number 65-0540756			plied For t Applicable	7	
Zip Country			Zip	Zip Counts			5. Certificate of Status Desired			\$8.75 Additional Fee Required			
6. Name and Address of Current R				egistered Agent			7. N	7. Name and Address of New Registered Agent					
					N	ame				•		1	
Storry, Eugene R 8330 Littleton Road				Street Address			ss (P.O. B	s (P.O. Box Number is Not Acceptable)					
	ERS FL 339									1			
					c	ity			FL	Zip Code	e	1	
the obligati	named entity ions of registe		t for the purp	ose of changing its	registered o	ffice or regi	istered ago	ent, or both, in the State of Florida	. I am far	I niliar with,	and accept		
SIGNATURE .	'Signature, typed	or printed name of registered age	ent and title if app	dicable. (NOTE	E: Registered Age	nt signature rec	quired when re	einstating)	DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				State				Election Campaign Financ Trust Fund Contribution.	ing \Box		0 May Be I to Fees		
10. OFFICERS AND D							AD	 DITIONS/CHANGES TO OFFICE	RS AND D	IRECTORS	S IN 11	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Eugene R Leton Road		☐ Delete	TITLE NAME STREET AD CITY-ST-2					Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIKE, EDV 4216 ERIN N. FT. MY	DALE DRIVE		□ Delete	TITLE NAME STREET AD CITY-ST-2				[Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	* ,* .**	Tanàn gana	-	☐ Delete	TITLE NAME STREET AD CITY-ST-2				(Change	Addition	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET AD CITY-ST-2					,Change	☐ Addition	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET AD CITY-ST-2					Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET AD CITY-ST-2				[Change	☐ Addition		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _



Daytime Phone #