

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000001373

Entity Name

CAPTAIN CANVAS, INC.

FILED

May 03, 2000 8:00 am  
Secretary of State

05-03-2000 90073 013 \*\*\*150.00

Principal Place of Business

MADEIRA RD  
ISLAMORADA FL 33036

Mailing Address

135 MADEIRA RD  
ISLAMORADA FL 33036-3616

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0547302

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CREASMAN, GERALD  
12374 SW 82 AVE.  
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|   |                                 |                |   |
|---|---------------------------------|----------------|---|
| P<br>LESKO, NICOLE<br>135 MADEIRA RD<br>ISLAMORADA FL 33036     | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |                                 | NAME           |   |
| VP<br>VAN VLEET, LORAN<br>135 MADEIRA RD<br>ISLAMORADA FL 33036 | <input type="checkbox"/> Delete | STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |                                 | CITY-ST-ZIP    |   |
|   | <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |                                 | NAME           |   |
|   | <input type="checkbox"/> Delete | STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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|   | <input type="checkbox"/> Delete | STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|   |                                 | CITY-ST-ZIP    |   |

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

Date

Daytime Phone #

CR2E034 (9/99)