2000 UNIFORM BUSINESS REPORT (UBR)

OCUMENT # P9500001373

Country

Signature, typed or printed name of registered agent and little if applicable.

This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

LESKO, NICOLE

135 MADEIRA RD

ISLAMORADA FL 33036

ISLAMORADA FL 33036

VAN VLEET, LORAN

135 MADEIRA RD

(See criteria on back)

MINIMALES.

ST ZIP

ST-71P

KOONE GG

ADMILLEGE

ST-ZIP

ST-ZIP

ST-7IP

CREASMAN, GERALD

12374 SW 82 AVE. MIAMI FL 33156

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

City & State

Zip

CAPTAIN CANVAS, INC. Mailing Address micipal Place of Business MADEIRA RD 135 MADEIRA RD "CD*D* FL 33036 ISLAMORADA FL 33036-3616 Principal Place of Business 3. Mailing Address . . Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Country

FILE NOW!!! FEE IS(\$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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12.

TITLE

NAME STREET ADDRESS

TITI F NAME

TITLE

NAME STREET ADDRESS

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NAME

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

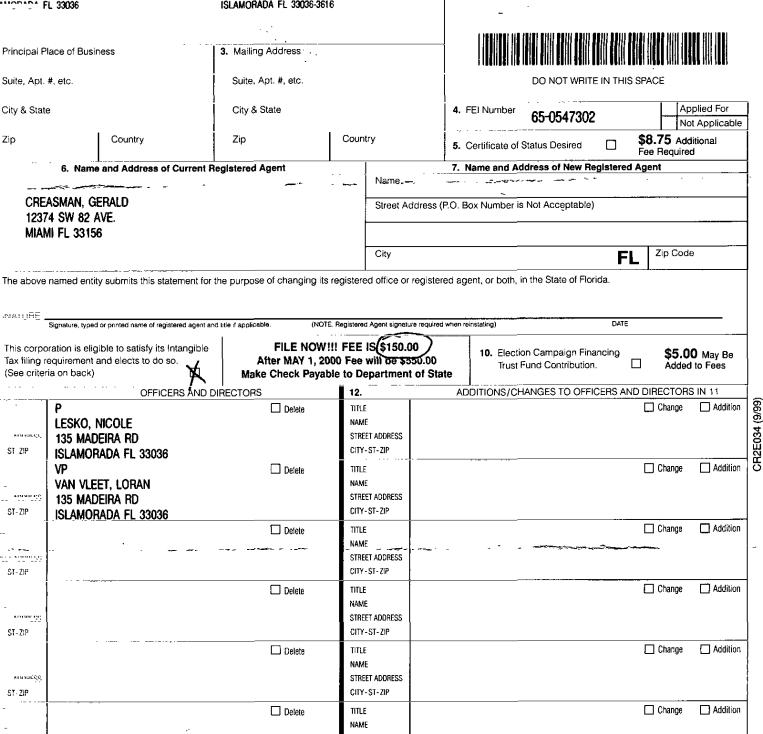
STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

Name. -

FILED May 03, 2000 8:00 am Secretary of State

05-03-2000 90073 013 ***150.00



☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP I hereby certify that the information supplied with his 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or truchanged, or on an attachment with an