

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023463

1. Entity Name

CAPTAIN DEXTER, INC.

FILED

Jul 07, 2000 8:00 am  
Secretary of State

07-07-2000 90459 029 \*\*\*150.00

Principal Place of Business

Mailing Address

5609 OCEANIC ROAD  
FL 346905609 OCEANIC ROAD  
HOLIDAY FL 34690-6422

00067839

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apl. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-3298514

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

 \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

HEWETT, EMMA C  
5609 OCEANIC ROAD  
HOLIDAY FL 34690

## 7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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, 2000 Fee will be \$550.00  
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	P HEWETT, JAMES L 5609 OCEANIC ROAD HOLIDAY FL 34690	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEWETT, EMMA C 5609 OCEANIC ROAD HOLIDAY FL 34690	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

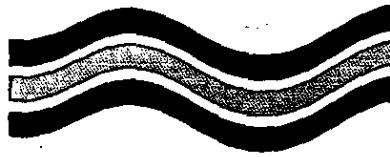
SIGNATURE: *Emma C. Hewett* 5ec

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7779382375

Daytime Phone #



**West Coast  
Gynecologic  
Oncology**

Attachment  
DTP95000023463  
D0067839

To Whom it May Concern:  
Regarding Emma Hewett.

Due to the patient's recent treatment of chemotherapy for her diagnosis of ovarian cancer, she was physically unable to perform any duties.  
If there are any questions regarding this matter, please contact my office.

Sincerely,

Hector Arango M.D.

Hector A. Arango, MD, FACOG

Diplomate American Board of Obstetrics & Gynecology • Fellowship - trained in Gynecologic Oncology  
303 Pinellas Street, Suite 310 • Clearwater, Florida 33756 • 727-446-2111 • Fax 727-447-2131