

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000043455**

1. Entity Name

**CAPTAC CORPORATION****FILED****Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90100 001 \*\*\*150.00

Principal Place of Business

629-A CAPE CORAL PARKWAY  
CAPE CORAL FL 33904  
US

Mailing Address

3719 SE 18TH AVE  
CAPE CORAL FL 33904-5074  
US

2. Principal Place of Business

3. Mailing Address

4334 SW 10TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

CAPE CORAL, FL

Zip

Country

Zip

Country

33914

US

4. FEI Number

65-0582847

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

WILLIAMS, ROBERT C  
3719 SE 18 AVE  
CAPE CORAL FL 33904

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 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DP	WILLIAMS, ROBERT C	3719 SE 18 AVE	CAPE CORAL FL 33904	<input type="checkbox"/>
ST	WILLIAMS, DEANNA K.	3719 SE 18TH AVE	CAPE CORAL FL 33904	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
DP	WILLIAMS, ROBERT C.	4334 SW 10TH AVE	CAPE CORAL, FL 33914	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ST	WILLIAMS, DEANNA K.	4334 SW 10TH AVE	CAPE CORAL, FL 33914	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

4/5/00

Date

(941) 540-4794

Daytime Phone #