

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000046348

1. Entity Name

CAPTICOM, INC.

Principal Place of Business

10700 STRINGFELLOW ROAD
SUITE 104
BOKEELIA FL 33922

Mailing Address

10700 STRINGFELLOW ROAD
SUITE 104
BOKEELIA FL 33922-3232

2. Principal Place of Business

P.O. BOX 380

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 380

Suite, Apt. #, etc.

City & State

PINELAND FL

Zip

33945

Country

USA

City & State

PINELAND FL

Zip

33945

Country

USA

4. FEI Number

65-0623817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CURRY, WILLIAM J III
10700 STRINGFELLOW ROAD
SUITE 104
BOKEELIA FL 33922

7. Name and Address of New Registered Agent

Name

PAULA ROBERTSON

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

16956 MCGREGOR BLVD.

City

FORT MYERS

FL

Zip

33908

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CURRY, SANDRA S
CITY-ST-ZIP P.O. BOX 361 N/A
PINELAND FL 33945

TITLE ☐ Delete
NAME D
STREET ADDRESS CURRY, WILLIAM J III
CITY-ST-ZIP P.O. BOX 361 N/A
PINELAND FL 33945

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

WILLIAM J. CURRY

Date

Daytime Phone #

02.07.99 941.395.0088