

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90013 045 ***150.00

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	3. Mailing Address P.O. BOX 380
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State PINELAND FL	City & State PINELAND FL
Zip 33945	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0623817	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 Mc GREGOR 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 *Paula J. Robertson* **PAULA J. ROBERTSON** **2-15-2000**
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	D CURRY, SANDRA S P.O. BOX 361 N/A PINELAND FL 33945	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURRY, WILLIAM J III P.O. BOX 361 N/A PINELAND FL 33945	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: *William J. Curry* **WILLIAM J. CURRY** **02.07.99** **941395.0088**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #