

2001 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Mar 14, 2001 8:00 am
Secretary of State

02-15-2001 90334 004 ***150.00

DOCUMENT # P95000046348

1. Entity Name

CAPTICOM, INC.

Principal Place of Business

PO BOX 380
PINELAND FL 33945

Mailing Address

PO BOX 380
~~SUITE 101~~
PINELAND FL 33945

2. Principal Place of Business

3. Mailing Address

P.O. BOX 380

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PINELAND FL

Zip

Country

33945

Country

LEE

4. FEI Number **65-0623817**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBERTSON, PAULA
16956 MCGREGOR BLVD
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

Name **DONNELLY, RICHARD**
Street Address (P.O. Box Number is Not Acceptable)
13490 ROBERTS ROAD
City **PINELAND** FL **33945**

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 **RICHARD DONNELLY** *[Signature]* **1/8/2001**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	CURRY, SANDRA S	
STREET ADDRESS	P.O. BOX 361 N/A	
CITY-ST-ZIP	PINELAND FL 33945	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURRY, WILLIAM J III	
STREET ADDRESS	P.O. BOX 361 N/A	
CITY-ST-ZIP	PINELAND FL 33945	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

1/8/2001

94-395-0083

Day

Daytime Phone #

CR2E034 (10/00)