2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P95000089136 1. Entity Name CAPT. P., INC. 05-03-2001 91115 007 ***150.00 Mailing Address Principal Place of Business 3005 E 11THXXCourt PANAMA CITY FL 32401 3005 E 11THXXX Court PANAMA CITY FL 32401 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3347558 Not Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required ____ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NGUYEN, BUI VAN Street Address (P.O. Box Number is Not Acceptable) 3005 E. 11TH CT. PANAMA CITY FL 32401 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. XX Change ☐ Addition DPC ☐ Delete TITLE DPC TITLE NAME Nguyen, Bui V NGUYEN, BUI V NAME STREET ADDRESS STREET ADDRESS 3005 E 11TH ST CX 3005 E. 11th Court CITY-ST-ZIP Panama City, FL 32401 CITY-ST-ZIP PANAMA CITY FL 32401 ☐ Addition Change ☐ Delete TITLE VS. TITLE NAME nguyen, trinh t NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32401 TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

nt with an address, with all other like empowered. 4/27/01 850-785-5951 Bui Van Nguyen SIGNATURE: Daytime Phone # Date ATURE AND TYPED OR PRINTED NAME ER OR DIRECTOR