

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

04-15-2003 90096 005 ***150.00

DOCUMENT # P95000089136			
1. Entity Name CAPT. P., INC.			
Principal Place of Business 3005 E 11TH ST PANAMA CITY FL 32401		Mailing Address 3005 E 11TH ST PANAMA CITY FL 32401	
2. Principal Place of Business 1751 Wedgwood Dr. Suite, Apt. #, etc. Harvey, LA City & State		3. Mailing Address 1751 Wedgwood Dr. Suite, Apt. #, etc. Harvey, LA City & State	
4. FEI Number 59-3347558		<input type="checkbox"/> 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 NGUYEN, BUI VAN 3005 E. 11TH CT. PANAMA CITY FL 32401	
7. Name and Address of New Registered Agent Name: MYNH-NGUYEN Street Address (P.O. Box Number is Not Acceptable) 3014 E. 1ST CT. City: PANAMA CITY FL Zip Code: 32401		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>[Signature]</i> <i>[Signature]</i> 4/30/03 4/8/03 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP DPC NGUYEN, BUI V 3005 E. 11TH CRT PANAMA CITY FL 32401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 1751 Wedgwood Dr. Harvey, LA 70058	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VS NGUYEN, TRINH T 3005 E 11TH ST PANAMA CITY FL 32401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 1751 Wedgwood Dr. Harvey, LA 70058	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP REGISTERED AGENT NGUYEN MYNH 3014 E. 1ST CT. PANAMA CITY FL 32401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i> <i>[Signature]</i> 4/30/03 4/8/03 504-247-4178 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>			

CR2E004 (10/02)