## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 31, 2000 8:00 am Secretary of State DOCUMENT # **P96000070837** 1. Entity Name CAPE OFFICE FIXTURES, INC. 05-31-2000 90081 042 \*\*\*150.00 Mailing Address Principal Place of Business 5726 CORTEZ RD W. 4523 30TH ST. W. BLDG. A BAY 103 ~~~~ BRADENTON FL 34207 **BRADENTON FL 34210-2701** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0688237 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.- Name and Address of Current Registered Agent AMERILAWYER CHARTERED Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ۹ **Change** ☐ Addition ☐ Delete TITLE TITLE BISHOP, DONNA L HARRIS, DONNA L NAME NAME 4208 COCONUT TER STREET ADDRESS **4208 COCONUT TER** STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP BRADENTON FL 34210 PTD Change ☐ Addition ☐ Delete TITLE TITLE BISHOP, VINCENT C NAME NAME **4208 COCONUT TER** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP - -- -- -- Change -- - Addition -TITLE -TITLE-Delete JOHNSON, BERNARD T SR. NAME NAME 2331 32ND AVE. E STREET ADDRESS STREET ADDRESS **BRADENTON FL 34208** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR