

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90023 020 ***150.00

DOCUMENT # P96000088818

1. Entity Name
CAPT. VICK, INC.



Principal Place of Business
**PO BOX 642
PENSACOLA FL 32593
US**

Mailing Address
**PO BOX 642
PENSACOLA FL 32593
US**



2. Principal Place of Business
3045 DEL MONTE DR
Suite, Apt. #, etc.

3. Mailing Address
3045 DEL MONTE DR
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Pensacola FL

City & State
Pensacola FL

4. FEI Number
59-3410983

Applied For
☐ Not Applicable

Zip
32503

Country
ESLAMBIA

Zip
32503

Country
ESLAMBIA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VICK, HARDY E
#6 LOTUS CT
PENSACOLA FL 32507

7. Name and Address of New Registered Agent

Name **VICK, HARDY E.**
Street Address (P.O. Box Number is Not Acceptable)
3045 DEL MONTE DR
City **Pensacola** **FL** Zip Code **32503**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME	PD VICK, HARDY E	<input type="checkbox"/> Delete
STREET ADDRESS	#6 LOTUS CT	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE / NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE / NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE / NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE / NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 **ACME REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-12-03** Daytime Phone # **8504331852**

CR2E034 (10/02)