

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000040311

1. Entity Name

DAVE CAPPS ELECTRIC INC

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90088 009 \*\*\*150.00

Principal Place of Business

Mailing Address

6928 WOOD PLACE  
 PANAMA CITY FL 32404  
 US

6928 WOOD PLACE  
 PANAMA CITY FL 32404-5530

2. Principal Place of Business

6842 WOOD PLACE

3. Mailing Address

6842 WOOD PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 PANAMA CITY, FL

City & State  
 PANAMA CITY FL

4. FEI Number

59-2736962

Applied For

Not Applicable

Zip  
 32404

Country  
 BAY

Zip  
 32404

Country  
 BAY

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPPS, DAVE

6842 WOOD PLACE

PANAMA CITY FL 32404

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME P  
 STREET ADDRESS CAPPS, DAVID  
 CITY-ST-ZIP 6842 WOOD PLACE  
 PANAMA CITY FL 32404

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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:

*David Capps*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/PRES.

4/26/2000

810-785-9610  
 Date Daytime Phone #

CR2E034 (9/99)