FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2002 8:00 am Secretary of State **DOCUMENT #** P97000072603 1. Entity Name CAP-COM ENTERPRISES, INC. 04-29-2002 90162 019 ***158.75 Principal Place of Business Mailing Address 796 RIVERSIDE DRIVE 796 RIVERSIDE DRIVE 00077482 ORMOND BEACH FL 32176 ORMOND BEACH FL 32176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3463882 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SICILIAN, MARY K Street Address (P.O. Box Number is Not Acceptable) 796 RIVERSIDE DRIVE **ORMOND BEACH FL 32176** City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Delete TITLE ☐ Change ☐ Addition SICILIAN, MARY K NAME NAME P O BOX 4026 N/A STREET ADDRESS STREET ADDRESS **ORMOND BEACH FL 32176** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE" Delete -TITLE ☐ Addition ___Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 1 "TITLE NAME NAME STREET ADDRESS STREET, ADDRESS, CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information indicated on this report of supplem of the corporation or the leceiver changed, or on an attachment with plied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information yeport 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 the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/27_Date

386-334-599 9 Daytime Phone #