

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073200

1. Entity Name
CAPTAIN QUICKS, INC.

Principal Place of Business
905 S COPELAND AVE
EVERGLADES CITY FL 34109-0458

Mailing Address
905 S COPELAND AVE
EVERGLADES CITY FL 34109-0458

2. Principal Place of Business

4801 S. UNIVERSITY DR
Suite, Apt. #, etc.
209

3. Mailing Address

4801 S UNIVERSITY DR
Suite, Apt. #, etc.
209

City & State

DAVIE FL
Zip 33328 Country USA

City & State

DAVIE FL
Zip 33328 Country USA

4. FEI Number APPLIED FOR

650802875

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUICK, LARRY L SR.
905 S COPELAND AVE
EVERGLADES CITY FL 34109-0458

7. Name and Address of New Registered Agent

Name

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

4801 S UNIVERSITY DR

209

City DAVIE

FL

Zip Code

33328

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 re-registering)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

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FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PVT
NAME QUICK, LARRY L SR.
STREET ADDRESS 905 S COPELAND AVE
CITY-ST-ZIP EVERGLADES CITY FL 34109-0458

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 4801 S UNIVERSITY DR 209
CITY-ST-ZIP DAVIE, FL 33328

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Sep 05, 2000 8:00 am
Secretary of State

05-05-2000 90032 024 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (500)

8/30/00 9544345770
Date Daytime Phone #