

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052489

1. Entity Name

Capricorn Transport Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

1060 Old Dixie Hwy S.W.

Suite, Apt. #, etc.

P O Box 650429

Suite, Apt. #, etc.

City & State

Vero Beach FL

Zip

Country

32962 US

City & State

Vero Beach FL

Zip

Country

32965-0429 US

6. Name and Address of Current Registered Agent

Judith Carr

1060 Old Dixie Hwy S.W.

P O Box 650429

Vero Beach FL

32965-0429

4. FEI Number

65-0915804

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of New Registered Agent

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

TITLE D
NAME Judith Carr
STREET ADDRESS 1060 Old Dixie Hwy S.W.
CITY-ST-ZIP Vero Beach FL 32962

☐ Delete

TITLE D
NAME Thomas Brown
STREET ADDRESS 573 Willow oak Ln.
CITY-ST-ZIP Orange Park FL 32073

☐ 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
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

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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:

Judith Carr Judith Carr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-30-2000 (904) 396-8006

Daytime Phone #

CR2E034 (9/99)