FILED
May 19, 2004 8:00 am
Secretary of State

05-19-2004 90013 050 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059044

1. Entity Name
Captain Jim's INC.

DO NOT WRITE IN THIS SPACE

54054851

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2. Principal Place of Business	3. Mailing Address
1002 SEAWAY DR	1002 SEAWAY DR
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State FORT PIERCE Florida	City & State FORT PIERCE Florida
Zip 34949 Country USA	Zip 34949 Country USA

4. FEI Number — 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 Current Registered Agent

Name Stacey Hampton

Street Address (P.O. Box Number is Not Acceptable) 1002 SEAWAY DRIVE #D #D

City FORT PIERCE FL Zip 34949

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 Stacey Hampton May 3 2003
Signature of new registered agent (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 P NAME Stacey Hampton STREET ADDRESS 1002 Seaway DR #D CITY-ST-ZIP FORT PIERCE Florida 34949	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP NAME Jean Koontz STREET ADDRESS 340 Silver Stream cir CITY-ST-ZIP FORT PIERCE Florida. 34946	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE S NAME Pamela Hampton STREET ADDRESS 340 SILVER Stream cir. CITY-ST-ZIP FORT PIERCE Florida 34946	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE T NAME David Hampton STREET ADDRESS 340 Silver Stream cir CITY-ST-ZIP FORT PIERCE FL. 34946	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E084B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Stacey Hampton May 3 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date