

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062414

1. Entity Name
CAPRICORN TECHNOLOGIES, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90200 001 *****8.75
01-25-2001 90200 002 ***150.00

Principal Place of Business
2555 KEY LARGO LANE
FT. LAUDERDALE FL 33312

Mailing Address
2555 KEY LARGO LANE
FT. LAUDERDALE FL 33312

2. Principal Place of Business
3147 DAVIE BLVD
Suite, Apt. #, etc.

3. Mailing Address
~~P.O. Box 120505~~
P.O. Box 120505
Suite, Apt. #, etc.

City & State
FORT LAUDERDALE, FL
Zip
33312
Country
U. S A

City & State
FORT LAUDERDALE, FL
Zip
33312
Country
U S A

4. FEI Number 65-0855633

Applied For
Not Applicable

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

LENTZ, RONALD D
2555 KEY LARGO LANE
FT. LAUDERDALE FL 33312

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: Ronald D. Lentz 15/01/01
Signature, typed or printed name of registered agent and title if applicable. Registered Agent signature required when reinstating.

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	DPVS LENTZ, RONALD D 2555 KEY LARGO LANE FT. LAUDERDALE FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GIBBONS, DAVID 1112 LOWE GLENCOE ROAD SPARKS MD 21152	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCMENAMIN, JIM 9840 TERRACE LAKE PTE ROSEWELL GA 30076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 information empowered.

SIGNATURE: Ronald D. Lentz RONALD D. Lentz 15/01/01 954-327-0790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)