

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90264 028 ***150.00

DOCUMENT # P98000085790

1. Entity Name
CAPTOR MANAGEMENT INC.

Principal Place of Business

**4805 CORIAN COURT
 NAPLES FL 34114**

Mailing Address

**4805 CORIAN COURT
 NAPLES FL 34114**

2. Principal Place of Business

3578 Cedar Hammock Court
 Suite, Apt. #, etc.

3. Mailing Address

3578 Cedar Hammock Court
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
NAPLES, FL 34112

Zip
34112

Country
U.S.A

City & State
NAPLES, FL

Zip
34112-3306

Country
U.S.A

4. FEI Number
58-2352984

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ **Delete**
NAME **WEBER, GUNTHER**
STREET ADDRESS **4805 CORIAN COURT**
CITY-ST-ZIP **NAPLES FL 34114**

TITLE **V** ☐ **Delete**
NAME **WEBER, CHERYL**
STREET ADDRESS **4805 CORIAN COURT**
CITY-ST-ZIP **NAPLES FL 34114**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ **Change** ☐ **Addition**
NAME **Weber, Gunther**
STREET ADDRESS **3578 Cedar Hammock Court**
CITY-ST-ZIP **Naples, FL 34112-3306**

TITLE **VTS** ☒ **Change** ☐ **Addition**
NAME **Weber, Cheryl**
STREET ADDRESS **3578 Cedar Hammock Court**
CITY-ST-ZIP **Naples, FL 34112-3306**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Cheryl Weber
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-02 (678) 296-8566
 Date Daytime Phone #

CR2E034 (9/01)