

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90067 004 ***150.00

DOCUMENT # P98000099497

1. Entity Name
CAP MANAGEMENT, INC.



Principal Place of Business
**6574 NORTH STATE ROAD SEVEN
SUITE 115
COCONUT CREEK FL 33073-3617**

Mailing Address
**6574 NORTH STATE ROAD SEVEN
SUITE 115
COCONUT CREEK FL 33073-3617**

2. Principal Place of Business
**8307 Murifield Way
Suite, Apt. #, etc.**

3. Mailing Address
**8307 Murifield Way
Suite, Apt. #, etc.**

City & State
Port St. Lucie, FL

City & State
Port St. Lucie, FL

Zip Country
34986

Zip Country
34986

4. FEI Number **65-0879612**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DIPARDO, CHARLES J
6574 NORTH STATE ROAD SEVEN
SUITE 115
COCONUT CREEK FL 33073-3617**

7. Name and Address of New Registered Agent

Name
James Caputo

Street Address (P.O. Box Number is Not Acceptable)
8307 Murifield Way

City
Port St. Lucie

FL Zip Code
34986

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 *James R Caputo*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **CAPUTO, JAMES R**
STREET ADDRESS **6574 N. STATE RD SEVEN STE 115**
CITY-ST-ZIP **COCONUT CREEK FL 33073**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **8307 Murifield Way**
CITY-ST-ZIP **Port St. Lucie, FL 34986**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James R Caputo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/03 772-467-1627

CR2E034 (10/02)