## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000106243 May 30, 2000 8:00 am Secretary of State CAPUCAN INVESTMENTS, INC. 05-30-2000 90060 009 \*\*\*150.00 Principal Place of Business Mailing Address 201 NORTH FRANKLIN STREET #3400 201 NORTH FRANKLIN STREET #3400 TAMPA FL 33602 TAMPA FL 33602-5167 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3558409 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition **VSD** ☐ Delete TITLE TITLE CAPPY, GEORGE NAME NAME STREET ADDRESS 201 NORTH FRANKLIN STREET #3400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33602** ☐ Change ☐ Addition TITI F ☐ Delete TITLE CANON, JAMES NAME NAME STREET ADDRESS 201 NORTH FRANKLIN STREET #3400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33602** ☐ Addition Change TITLE Delete TITLE UITERWYK, HENDRIK NAME NAME STREET ADDRESS 201 NORTH FRANKLIN STREET #3400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33602** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with his 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 idress.

**SIGNATURE:** 

13. I hereby certify that the information supplied