

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90208 013 \*\*\*150.00

0451208 AV

**DOCUMENT # P98000106243**

1. Entity Name  
**CAPUCAN INVESTMENTS, INC.**



Principal Place of Business  
~~201 NORTH FRANKLIN STREET #3400~~  
**TAMPA FL 33602** *900 W. PLATT ST.*  
*Tampa, FL 33606*

Mailing Address  
~~201 NORTH FRANKLIN STREET #3400~~  
~~TAMPA FL 33602~~  
*SAME*



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3558409** 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 *Hendrik Uiterwyk*  
Street Address (P.O. Box Number is Not Acceptable)  
*900 W. PLATT ST.*  
City *Tampa* FL Zip Code *33606*

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

TITLE	VSD	<input type="checkbox"/> Delete
NAME	CAPPY, GEORGE	
STREET ADDRESS	<del>201 NORTH FRANKLIN STREET #3400</del>	
CITY-ST-ZIP	<del>TAMPA FL 33602</del> <i>900 W. PLATT ST.</i>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CANON, JAMES	
STREET ADDRESS	<del>201 NORTH FRANKLIN STREET #3400</del>	
CITY-ST-ZIP	<del>TAMPA FL 33602</del>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	UITERWYK, HENDRIK	
STREET ADDRESS	<del>201 NORTH FRANKLIN STREET #3400</del>	
CITY-ST-ZIP	<del>TAMPA FL 33602</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:**

**SIGNATURE REQUIRED**

*4-29-03*

Date

Daytime Phone #

CR2E034 (10/02)