

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
 05-16-2001 90190 026 ***150.00

0347780

DOCUMENT # P98000106765

1. Entity Name
CAPTAIN ED & SON, INC.

Principal Place of Business Mailing Address
4710 N MANHATTAN AVE 4710 N MANHATTAN AVE
TAMPA FL 33614 TAMPA FL 33614

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

GONZALEZ, MARGARITA E
4710 N MANHATTAN AVE
TAMPA FL 33614

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, 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

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **GONZALEZ, MARGARITA**
 CITY-ST-ZIP **1328 ENISWOOD PKWY**
PALM HARBOR FL 34683

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **GONZALEZ, EDUARDO**
 CITY-ST-ZIP **4100 ELMHURST DR**
5472 - WORTHINGTON LOOP
PINELAS PARK FL PALM HARBOR, FL 34683

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **GONZALEZ, EDDY**
 CITY-ST-ZIP **1328 ENISWOOD PKWY**
PALM HARBOR FL 34683

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **RE MANARD**
 CITY-ST-ZIP **FRENCH, ILEANA JACOMINO**
127 NANCY DR
5409 - FELICE AVE.
OLDSMAR FL 34077 TAMPA, FL 33614

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 ☐ 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

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 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: *Margarita Gonzalez* **Margarita Gonzalez** 4-30-01 (813) 873-7444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day and Phone #

CR2E034 (10/00)