2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

DOCUMENT # **P99000054032** May 04, 2000 8:00 am Secretary of State 1. Entity Name CAPRINE SOLUTIONS, INC. 05-04-2000 90061 001 ***150.00 05-04-2000 90061 002 *****8.75 Principal Place of Business Mailing Address 1500 BEVILLE ROAD PMB 204 1500 BEVILLE ROAD, STE, 606 SHITE 606 DAYTONA BEACH FL 32114-5644 DAYTONA BEACH FL 32114-5644 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 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 Name HUKILL, DOROTHY L P.A. Street Address (P.O. Box Number is Not Acceptable) 1620 S. CLYDE MORRIS BLVD. SUITE 110 DAYTONA BEACH FL 32119 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 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees X (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE President, Director Change : Addition TITLE Delete Roger L. JOHNSON JOHNSON, ROGER L NAME NAME 164 Mallard Lane STREET ADDRESS 919 CHALLENGER DRIVE STREET ADDRESS CITY-ST-ZIP Daytona Beach. CITY-ST-ZIP AUSTIN TX 78734-4209 VSTD Vice President Sec/Treas., Director X Change ☐ Delete TITLE TITLE MARY G. JOHNSON JOHNSON, MARY G NAME NAME 64 Mallard Lane 919 CHALLENGER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AUSTIN TX 78734-4209 CITY-ST-ZIP ☐ Addition TITLE Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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