

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057119

1. Entity Name

CAPE SCUBA, INC.

Principal Place of Business

245B TYLER AVE.
CAPE CORAL FL 32920

Mailing Address

245B TYLER AVE.
CAPE CORAL FL 32920

2. Principal Place of Business

245B TYLER AVE

3. Mailing Address

245B TYLER AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CANAVERAL, FL

City & State

CAPE CANAVERAL, FL

Zip

32920

Country

USA

Zip

32920

Country

USA

6. Name and Address of Current Registered Agent

PADGETT, STEVEN J
245B TYLER AVE.
CAPE CORAL FL 32920

7. Name and Address of New Registered Agent

Name PADGETT, STEVEN J.

Street Address (P.O. Box Number is Not Acceptable)
245B TYLER AVE.

City CAPE CANAVERAL

FL

Zip Code

32920

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

Steven J. Padgett

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

(NOTE: Registered Agent signature required when reinstating)

29 Mar 01

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 PTD
NAME PADGETT, STEVEN J
STREET ADDRESS 245B TYLER AVE.
CITY-ST-ZIP CAPE CORAL FL 32920 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME PADGETT, STEVEN J.
STREET ADDRESS 245B TYLER AVE.
CITY-ST-ZIP CAPE CANAVERAL, FL 32920 ☒ Change ☐ Addition

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

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

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

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

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

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:

Steven J. Padgett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 Feb, 01

Date

321-494-2199

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)