

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098188

1. Entity Name

CAPRICORN SERVICES INC.

f

**FILED**  
**Jul 31, 2000 8:00 am**  
**Secretary of State**

07-31-2000 90014 048 \*\*\*150.00

Principal Place of Business

3632 STOKES DR.  
SARASOTA FL 34232

Mailing Address

3632 STOKES DR.  
SARASOTA FL 34232

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

650966514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOBRZYNECKI, MIECZYSLAW  
3632 STOKES DR.  
SARASOTA FL 34232

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DOBRZYNECKI, MIECZYSLAW  
CITY-ST-ZIP 3632 STOKES DR.  
SARASOTA FL 34232

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07.25.00

Date

Daytime Phone #

Attachment  
P99000098188

**CAPRICORN SERVICES INC.**  
**3632 STOKES DRIVE,**  
**SARASOTA, FL 34232**

B0103853

July 22, 2000

Uniform Business Reports Filings  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Document No. P99000098188 - PENALTY WAIVER REQUEST**

Dear Sir or Madam:

We respectfully request that you accept the 2000 Uniform Business Report and our check in the amount of \$150.00.

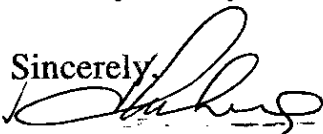
We are sorry but our business is very small and cannot afford to pay the penalty fee of \$550.00. We apologize for being late, but this the first year that we were obligated to file the Annual Report - we incorporated on November 5, 1999. We did not receive your original form and we imagined that if any annual fees were due, they would have to be paid in November 2000. We thought that we were all paid for one full year of existence.

Now that we have received your report form requesting a penalty fee of \$550.00, we contacted our accountant and he explained to us how it works.

We promise to file all future annual reports on a timely basis and once again we request that you waive the \$400.00 penalty just this first year.

Thank you very much for your time and consideration given this matter.

Sincerely,



Mieczyslaw Dobrzeniecki  
President