

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000107019**

1. Entity Name

CAPRICORN MOON PUBLISHING, INC.

Principal Place of Business

815 N.E. 28TH ST., #207

WILTON MANOR
33334

FL

Mailing Address

815 N.E. 28TH ST., #207

WILTON MANOR
33334

FL

2. Principal Place of Business

815 N.E. 28TH ST., #207

3. Mailing Address

815 N.E. 28TH ST., #207

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WILTON MANORS

FL

City & State

WILTON MANORS

FL

4. FEI Number

☒ Applied For
☐ Not ApplicableZip
33334Country
USZip
33334Country
US5. 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

COX JANINE E
815 N.E. 28TH ST., #207WILTON MANOR
33334

FL

Name

COX JANINE E

Street Address (P.O. Box Number is Not Acceptable)

815 N.E. 28TH ST., #207

City

WILTON MANORS

FL

Zip Code
33334

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 **JANINE E. COX**

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

(NOTE: Registered Agent signature required when reinstating)

04/26/2000

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COX JANINE E
815 N.E. 28TH ST., #207
WILTON MANOR FL 33334 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
COX JANINE E
815 N.E. 28TH ST., #207
WILTON MANORS FL 33334 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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: JANINE E. COX

DATE: 04/26/2000