

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S84992

1. Entity Name

GALAXY INVESTIGATIVE AGENCY INC.

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90326 033 \*\*\*150.00

Principal Place of Business

1400 E OAKLAND PARK BLVD  
SUITE 212  
FORT LAUDERDALE FL 33334  
US

Mailing Address

1400 E OAKLAND PARK BLVD  
SUITE 212  
FORT LAUDERDALE FL 33334  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0293509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAPONEY, JOHN K.  
4421 NORTHWEST 16 STREET  
APARTMENT G310  
LAUDERHILL FL 33313

ADDRESS  
CHANGED ONLY

7. Name and Address of New Registered Agent

Name CAPONEY, JOHN K.  
Street Address (P.O. Box Number is Not Acceptable)  
1400 E. OAKLAND PARK BLVD  
SUITE 212  
City FT LAUDERDALE 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

JOHN K CAPONEY PRESIDENT *John K Caponey*

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

2/6/2001

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	PVST	<input type="checkbox"/> Delete
NAME	CAPONEY, JOHN K.	
STREET ADDRESS	4421 NORTHWEST STREET, SUITE G310	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	CAPONEY, JOHN K.	
STREET ADDRESS	4421 NW 16TH ST. #G-310	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPONEY, JOHN K.	
STREET ADDRESS	1400 EAST OAKLAND PARK BLVD #212	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPONEY, JOHN K.	
STREET ADDRESS	1400 EAST OAKLAND PARK BLVD #212	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*John K Caponey*

JOHN K CAPONEY PRESIDENT

2/6/2001

954-561-0225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)