

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V15241

Entity Name
CAPT. CHANCE, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State
04-28-2000 90035 044 ***150.00

Principal Place of Business	Mailing Address
ISLAND AVE SPRINGS FL 34689	1058 ISLAND AVE TARPON SPRINGS FL 34689-6916

Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3109234	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEONARD, DANIEL 1627 TREASURE DR TARPON SPRINGS FL 34689	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
P LEONARD, ELROY 910 COPAS RD SW SHALLOTTE NC	TITLE NAME STREET ADDRESS CITY-ST-ZIP
VP LEONARD, DANIEL 1627 TREASURE DRIVE TARPON SPRINGS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP
ST LEONARD, MARIE 910 COPAS RD SW SHALLOTTE NC	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	TITLE NAME STREET ADDRESS CITY-ST-ZIP
	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: Daniel R. Leonard	Date: 4/19/00	Daytime Phone #: 727 934-4657
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