

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # 153192

1. Entity Name
CASEY INTERPRISES AND INVESTMENTS, INC.

Principal Place of Business 29 PINE SHORES RD DEFUNIAK SPRINGS 32433	FL	Mailing Address 29 PINE SHORES RD DEFUNIAK SPRINGS 32433	FL
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2. Principal Place of Business 29 PINE SHORES RD	3. Mailing Address 29 PINE SHORES RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State DEFUNIAK SPRINGS FL	City & State DEFUNIAK SPRINGS FL
Zip 32435	Country US

4. FEI Number 59-0576178	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STANFIELD, CHRISTINA C.
 29 PINE SHORES RD

 DEFUNIAK SPRINGS FL
 32433

7. Name and Address of New Registered Agent

Name
 STANFIELD CHRISTINA C
 Street Address (P.O. Box Number is Not Acceptable)
 29 PINE SHORES RD

 City
 DEFUNIAK SPRINGS FL Zip Code
 32435

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 **CHRISTINA C. STANFIELD**

04/27/2001

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	VD RONALD N. STANFIELD <input checked="" type="checkbox"/> Delete 29 PINE SHORES RD DEFUNIAK SPRINGS FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MATTILOU CASEY <input type="checkbox"/> Delete 29 PINE SHORES RD DEFUNIAK SPRINGS FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTINA C. STANFIELD <input type="checkbox"/> Delete 29 PINE SHORE RD DEFUNIAK SPRINGS FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROWN MICHAEL E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 29 PINE SHORES RD DEFUNIAK SPRINGS FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STANFIELD CHRISTINA C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 29 PINE SHORE RD DEFUNIAK SPRINGS FL 32435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **CHRISTINA C. STANFIELD**

PD 04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)