

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 437953**

1. Entity Name

CASON CONSTRUCTION COMPANY OF CENTRAL FLORIDA**FILED****Jan 23, 2001 8:00 am**
Secretary of State

01-23-2001 90034 034 ***150.00

Principal Place of Business

**250 W. CHURCH AVENUE
SUITE 210
LONGWOOD FL 32750**

Mailing Address

**250 W. CHURCH AVENUE
SUITE 210
LONGWOOD FL 32750**

2. Principal Place of Business

307 W. MAIN ST.

3. Mailing Address

307 W. MAIN ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

APOPKA FLORIDA

City & State

APOPKA FLORIDA

Zip

32712

Country

USA

Zip

32712

Country

USA

4. FEI Number

59-1485024

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CASON, WALTER W JR
1206 N. FAIRWAY DR.
APOPKA FL 32712**

7. Name and Address of New Registered Agent

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 \$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 **PTD** ☐ Delete
NAME **CASON, WALTER W JR**
STREET ADDRESS **1206 N. FAIRWAY DR.**
CITY-ST-ZIP **APOPKA FL 32712**TITLE **VD** ☐ Delete
NAME **CASON, THOMAS W**
STREET ADDRESS **2300 RUTLEDGE AVENUE**
CITY-ST-ZIP **ORLANDO FL 32817**TITLE **CS** ☐ Delete
NAME **BROWN, LAURE M**
STREET ADDRESS **454 CLUB DRIVE**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**TITLE **D** ☐ Delete
NAME **CASON, JACQUELINE P**
STREET ADDRESS **1206 N. FAIRWAY DR.**
CITY-ST-ZIP **APOPKA FL 32712**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)