

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State
 04-28-2000 90025 010 ***150.00

DOCUMENT # 522392

1. Entity Name
WILLIAM CASSICK AND SONS SUPPLY, INC.

Principal Place of Business Mailing Address
595 MOOSE LODGE RD. **POST OFFICE BOX 1216**
BARTOW FL 33830 **BARTOW FL 33831-1216**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

CASSICK, RICHARD F.
840 SHADY LANE
BARTOW FL 33830



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1709280** Applied For
 Not Applicable

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

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PDC	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CASSICK, RICHARD F.		NAME		
STREET ADDRESS	840 SHADY LANE		STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL		CITY-ST-ZIP		
TITLE	TS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CASSICK, AMY		NAME		
STREET ADDRESS	840 SHADY LANE		STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Richard F. Cassick** **4/19/00** **863-533-9171**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)