

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 91009 004 ***150.00

DOCUMENT # **P01000005248**

1. Entity Name
TOM CASPARY, INC.



Principal Place of Business
**2641 EMERALD CIRCLE
DEERFIELD BCH FL 33442**

Mailing Address
**2641 EMERALD CIRCLE
DEERFIELD BCH FL 33442**

2. Principal Place of Business
639 Hollows Circle
Suite, Apt. #, etc.

3. Mailing Address
639 Hollows Circle
Suite, Apt. #, etc.

City & State
DEERFIELD BEACH, FL

City & State
DEERFIELD BEACH, FL

4. FEI Number **65-0617662**

Applied For
 Not Applicable

Zip **33442** Country **BROWARD**

Zip **33442** Country **BROWARD**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAHONEY, ROBERT F
3801 N. FEDERAL HWY.
POMPANO BCH FL 33064**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	CASPARY, TOM
STREET ADDRESS	2037 WOODLAKE CIR.
CITY-ST-ZIP	DEERFIELD BCH FL 33442
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tom Caspary* **SIGNATURE REQUIRED** March 20, 03 **954-427-6770**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)