

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000052129

1. Entity Name

P. CASE INTERIORS, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-16-2001 90056 031 ***150.00

Principal Place of Business

201 GOLF OF MEXICO DRIVE.
#7
LONGBOAT KEY FL 34228

Mailing Address

201 GOLF OF MEXICO DRIVE.
#7
LONGBOAT KEY FL 34228

2. Principal Place of Business

535 SO. PALM AVE

Suite, Apt. #, etc.

3. Mailing Address

535 SO. PALM AVE.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SARASOTA FL

Zip

34236

Country

City & State

SARASOTA FL

Zip

34236

Country

4. FEI Number

65-0494618

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASE-QUIRK, PATTY
1845 WISTERIA STREET
SARASOTA FL 34239

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

P. Case-Quirk P. CASE-QUIRK 3/13/01

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	PTSD	☐ Delete
NAME	CASE-QUIRK, PATTY	
STREET ADDRESS	1845 WISTERIA ST	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ 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

Class

Daytime Phone #

CR2E034 (10/00)