

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90402 019 \*\*\*150.00

**DOCUMENT # P98000060240**

1. Entity Name  
**TORCASSO ENTERPRISES, INC.**

Principal Place of Business <b>45 BARRACUDA STREET          SANTA ROSA BEACH FL 32459</b>	Mailing Address <b>45 BARRACUDA STREET          SANTA ROSA BEACH FL 32459-5421</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>601 Chat Holley Rd.</b>	3. Mailing Address <b>601 Chat Holley Rd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Santa Rosa Beach, Fl.</b>	City & State <b>Santa Rosa Beach, Fl.</b>	4. FEI Number <b>59-3526735</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32459</b>	Country <b>U.S.A.</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>TORCASSO, MARK S          45 BARRACUDA STREET          SANTA ROSA BEACH FL 32459</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		<b>FL</b>	

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 *Mark S. Torcasso* (NOTE: Registered Agent signature required when reinstating) DATE 4/13/00

Signature, typed or printed name of registered agent and title if applicable

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TORCASSO, MARK S</b> <b>45 BARRACUDA STREET</b> <b>SANTA ROSA BEACH FL 32459</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Torcasso, Mark S.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>601 Chat Holley Rd.</b> <b>Santa Rosa Beach, Fl.</b> <b>32459</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Torcasso, Mark S.</b> <input type="checkbox"/> Delete <b>601 Chat Holley Rd.</b> <b>Santa Rosa Beach, Fl. 32459</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *Mark S. Torcasso* DATE 4/13/00 DAYTIME PHONE # 850-830-4343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)