

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S52188

1. Entity Name

C.A.S., I, INC.

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90095 011 ***150.00

Principal Place of Business

1751 N. WASHINGTON BLVD
SARASOTA FL 34234

Mailing Address

1751 N. WASHINGTON BLVD
SARASOTA FL 34234

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0267572

Applied For

Not Applicable

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

SPICUZZA, CARY

1751 N. WASHINGTON BLVD
SARASOTA FL 34234

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PS
NAME SPICUZZA, CARY
STREET ADDRESS 6930 STETSON ST. CIRCLE
CITY-ST-ZIP SARASOTA FL 34234 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1695 Hyde Park St.
CITY-ST-ZIP Sarasota, FL 34239-2138

TITLE VP
NAME SPICUZZA, DEBORA
STREET ADDRESS 6930 STETSON ST. CIRCLE
CITY-ST-ZIP SARASOTA FL 34234 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1695 Hyde Park St.
CITY-ST-ZIP Sarasota, FL 34239-2138

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment
DH# 552188
DW78625

July 20, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: C.S. II, Inc.
Doc # S89862

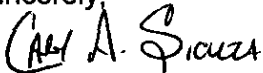
C.A.S., I, Inc.
Doc # S52188

Dear Sir or Madam:

Enclosed are the 2000 Uniform Business Reports for the above corporations along with two checks in the amount of \$150. I do realize that you have assessed a \$400 late filing penalty for each of the corporations, but I respectfully request that you reconsider assessing the penalties because of the fact that I did not receive the original reports. They must have been lost in the mail.

These corporations have been in existence for nine years, and in all previous years I have filed these reports well before the due date. I sincerely apologize for the late filing, but in light of the circumstances, I would hope that you would please waive the penalties for both of my corporations.

Sincerely,



Cary Spicuzza, President