

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90138 039 ***150.00

DOCUMENT # 373196

1. Entity Name *BAILEY T CASEY, INC.* ✓

DO NOT WRITE IN THIS SPACE

817013

2. Principal Place of Business

800 S.E. 3RD AVE.

Suite, Apt. #, etc.

3. Mailing Address

800 S.E. 3RD AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT LAUDERDALE

City & State

FT LAUDERDALE

4. FEI Number

59-1307764

Applied For

Not Applicable

Zip

33316

Country

BRO.

Zip

33316

Country

BRO.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DRIAN C. DEUSCHLE

Street Address (P.O. Box Number is Not Acceptable)

800 S.E. 3RD AVE

City

FT LAUDERDALE

FL

Zip Code

33316

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *P/D*
NAME *DEWITT CASEY*
STREET ADDRESS *3200 PORT ROYALE 1906*
CITY-ST-ZIP *FT LAUDERDALE FL 33308*

TITLE *D*
NAME *CHARLES W. BAILEY*
STREET ADDRESS *2606 LAUREL DR.*
CITY-ST-ZIP *VERO BCH FL 32960*

TITLE *D/S*
NAME *CLINTON M. CASEY*
STREET ADDRESS *777 SO. FED HWY R.R. 305*
CITY-ST-ZIP *POMPADOR BCH, FL 33062*

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

DEWITT CASEY DEWITT CASEY

Date

1-21-02

Daytime Phone #

954 720-2036

CR2E034B (12/01)