

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

454108

1. Entity Name

CASSADY-CARROLL INSURANCE AGENCY, INC.

FILED

02 MAY -8 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 Beach Road, # 237

3. Mailing Address

600 Beach Road, # 237

Suite, Apt. #, etc.

Suite, Apt. #, etc.

237

237

City & State

City & State

Vero Beach, Florida

Vero Beach, Florida

Zip

32963

Country

USA

Zip

32963

Country

USA

4. FEI Number

59-1534538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES R. CASSADY

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

600 Beach Road #237

City

Vero Beach,

FL

Zip Code

32963

**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)

05/06/02

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	President
NAME	JAMES R. CASSADY
STREET ADDRESS	600 Beach Road, # 237
CITY-ST-ZIP	Vero Beach, Florida 32963
TITLE	Secretary/Treasurer
NAME	Laverta Cassady
STREET ADDRESS	600 Beach Road, #237
CITY-ST-ZIP	Vero Beach, Florida 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Secretary/Treasurer
NAME	Laverta Cassady
STREET ADDRESS	600 Beach Road, # 237
CITY-ST-ZIP	Vero Beach, Florida 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/06/02

Date

772-231-4890

Daytime Phone #