2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

497284 **DOCUMENT #**

1. Entity Name CASĆ, INC.



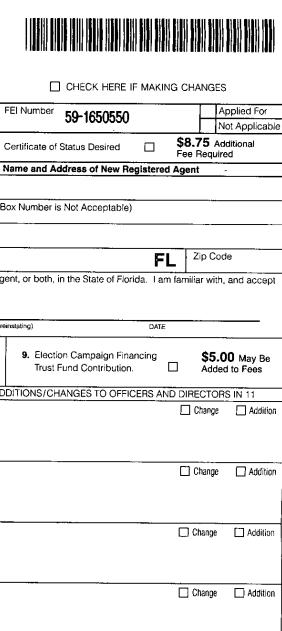
Principal Place of Business 4857 E COLONIAL DR. ORLANDO FL 32803

Mailing Address 4857 E COLONIAL DR. ORLANDO FL 32803

| US | US | |
|--------------------------------|---------------------|----------|
| 2. Principal Place of Business | 3. Mailing Address | , |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | <u> </u> |



02-04-2003 90089 041 ***150.00



| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | | |
|--|---|---|---------------------------------------|---|--|--------------|
| | | | | | | City & State |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | |
| | 6. Name and Address of Curre | nt Registered Agent | | 7. Name and Address of New Registered Agent | | |
| COCHRA | N, J.D. | | Name | | | |
| 25241 W | ATERBRIDGE CT | | Street Addr | Street Address (P.O. Box Number is Not Acceptable) | | |
| | G FL 34748 | | | | | |
| ÷ | | | City | FL Zip Code | | |
| the obligat | tions of registered agent. Signature, typed or printed name of registered age | | (NOTE: Registered Agent signature re | gistered agent, or both, in the State of Florida. I am familiar with, and accept required when reinstating) | | |
| After Make Check | ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department | of State | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | |
| 10. | | D DIRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O COCHRAN, J.D. JR 25241 WATERBRIDGE CT LEESBURG FL 34748-9099 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition | | |
| TITLE | <u> </u> | ☐ Delete | TITLE | ☐ Change ☐ Addition | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

PRINTED NAME OF SIGNING OFFICER

☐ Delete

Addition

☐ Change