

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **627586**

1. Entity Name
CASCO RACING ENTERPRISES, INC.



**FILED
Apr 14, 2003 8:00 am
Secretary of State**

04-14-2003 90370 029 ***150.00

Principal Place of Business
427 15TH ST
HOLLY HILL FL 32117

Mailing Address
427 15TH ST
HOLLY HILL FL 32117

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 **59-1959936** **Applied For**
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CASSATA, ROBERT
427 15TH ST
HOLLY HILL FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** Delete
NAME COOK, JACK
STREET ADDRESS 427 15TH ST
CITY-ST-ZIP HOLLY HILL, FL 00000

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** Delete
NAME CASSATA, JOYCE
STREET ADDRESS 427 15TH ST
CITY-ST-ZIP HOLLY HILL, FL 00000

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** Delete
NAME CASSATA, ROBERT
STREET ADDRESS 427 15TH ST
CITY-ST-ZIP HOLLY HILL, FL 00000

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE:

Robert Cassata **REQUIR'D** **ROBERT CASSATA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/03 3866770761
Date Daytime Phone #

CR2E034 (10/02)