

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90114 030 ***150.00

DOCUMENT # 842358

1. Entity Name

R.L. CASEY, INC.

Principal Place of Business

**C/O J. NIXON DANIEL III
 7TH FLOOR BRENT BLDG
 PENSACOLA FL 32576**

Mailing Address

**C/O J. NIXON DANIEL III
 7TH FLOOR BRENT BLDG
 PENSACOLA FL 32576
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-1212844

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DANIEL, J. NIXON III
 7TH FLOOR BRENT BLDG
 PENSACOLA FL 32576**

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 NAME ☐ Delete
CASEY, ROBERT
 STREET ADDRESS **8146 FLATROCK ROAD**
 CITY-ST-ZIP **STOKESDALE NC 27357**

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

TITLE NAME ☐ Delete
PDC
 STREET ADDRESS **JOHNSON, COMMIE R**
 CITY-ST-ZIP **7769 HWY 68 N**
STOKESDALE NC 27357

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

TITLE NAME ☐ Delete
V
 STREET ADDRESS **HAIR, FRANK**
 CITY-ST-ZIP **4609 HALE RD**
CLIMAX NC 27233

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

TITLE NAME ☐ Delete
T
 STREET ADDRESS **HOWERTON, ANTHONY D**
 CITY-ST-ZIP **9022 COUNTY LINE RD**
KERNERSVILLE NC 27284

TITLE NAME ☒ Change ☐ Addition
 STREET ADDRESS **T/S**
 CITY-ST-ZIP **Howerton, Anthony D.**
9022 County Line Rd.
Kernersville, NC 27284

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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:

Anthony D. Howerton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Howerton

2-18-02 336-292-8227

Treasurer/Secretary

Daytime Phone #

CR2E034 (9/01)