

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90058 013 ***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**

30007137



☐ CHECK HERE IF MAKING CHANGES

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 **56-1212844**

Applied For

Not Applicable

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. 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 **D** ☐ Delete
NAME **CASEY, ROBERT**
STREET ADDRESS **8146 FLATROCK ROAD**
CITY-ST-ZIP **STOKESDALE NC 27357**

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

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

TITLE **T/D/C** ☒ Change ☐ Addition
NAME **Johnson, Commie R.**
STREET ADDRESS **7769 Hwy 68 N**
CITY-ST-ZIP **Stokesdale, NC 27357**

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition
NAME **Warren, Sherry M.**
STREET ADDRESS **6755 Richland Church Rd.**
CITY-ST-ZIP **Liberty, NC 27298**

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:

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

**Anthony Howerton
President**

1-16-03 336-292-8227

Date

Daytime Phone #

CR2E034 (10/02)