

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90051 045 ***150.00

0085943

DOCUMENT # F19298

1. Entity Name

CASALINO ENTERPRISES, INC.

Principal Place of Business

~~204 SPINNAKER DRIVE~~
~~VERO BEACH FL 32963~~

Mailing Address

~~204 SPINNAKER DRIVE~~
~~VERO BEACH FL 32963~~

00032856



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

649 8th Ct.

Suite, Apt. #, etc.

3. Mailing Address

649 8th Ct.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL.

City & State

VERO BEACH, FL.

4. FEI Number

59-2184919

Applied For

Not Applicable

Zip

32962

Country

USA

Zip

3296

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~CASALINO, CHARLENE M.~~
~~204 SPINNAKER DR~~
~~VERO BEACH FL 32963~~

7. Name and Address of New Registered Agent

Name **CASALINO, CHARLENE M.**

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

649 8th COURT

City

VERO BEACH

FL

Zip Code

32962

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 **Charlene M. Casalino**
Signature, typed or printed name of registered agent and title if applicable.

CHARLENE M. CASALINO

(NOTE: Registered Agent signature required when reinstating)

4-5-01

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, 2001 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

TITLE **DP** ☐ Delete
NAME **CASALINO, LOUIS**
STREET ADDRESS **204 SPINNAKER DR. 649 8th Ct.**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **D** ☐ Delete
NAME **CASALINO, CHARLENE M**
STREET ADDRESS **204 SPINNAKER DR. 649 8th Ct.**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **D** ☐ Delete
NAME **CASALINO, MARC**
STREET ADDRESS **204 SPINNAKER DR 649 8th Ct.**
CITY-ST-ZIP **VERO BCH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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: **Charlene M. Casalino - CHARLENE M. CASALINO** 4/5/01 562-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)