

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 08:00 AM**
Secretary of State**DOCUMENT # F97000004614**1. Entity Name
CASS SERVICES, INC.

Principal Place of Business 7500 SUNSHINE SKYWAY LANE, UNIT 105 ST PETERSBURG FL 33711	Mailing Address 7500 SUNSHINE SKYWAY LANE, UNIT 105 ST PETERSBURG FL 33711
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2. Principal Place of Business 5950 34TH STREET S, UNIT 27C	3. Mailing Address 5950 34TH STREET S, UNIT 27C
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State ST PETERSBURG FL	City & State ST PETERSBURG FL
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4. FEI Number 58-2150784	Applied For <input type="checkbox"/> Not Applicable
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Zip 33711	Country	Zip 33711	Country
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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**

SZYMCZAK DENNIS
7500 SUNSHINE SKYWAY LANE, UNIT 105

ST PETERSBURG FL 33711

Name
SZYMCZAK DENNIS
Street Address (P.O. Box Number is Not Acceptable)
5950 34TH STREET S, UNIT 27C

City
ST PETERSBURG FL Zip Code
33711

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 _____ **04/24/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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 STREET ADDRESS CITY-ST-ZIP	SD COLLIER LINDA 7500 SUNSHINE SKYWAY LANE, UNIT 105 ST PETERSBURG FL 33711	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLLIER LINDA 5950 34TH STREET S, UNIT 27C ST PETERSBURG FL 33711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SZYMCZAK DENNIS R 7500 SUNSHINE SKYWAY LANE, UNIT 105 ST PETERSBURG FL 33711	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SZYMCZAK DENNIS R 5950 34TH STREET S, UNIT 27C ST PETERSBURG FL 33711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Dennis R. Szymczak CP 04/24/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)