

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90050 022 ***150.00

DOCUMENT # F97000006533

1. Entity Name
CASEWAY INDUSTRIAL PRODUCTS, INC.

Principal Place of Business 24510 DOLPHIN COVE DR. PUNTA GORDA FL 33955	Mailing Address 24510 DOLPHIN COVE DR. PUNTA GORDA FL 33912-7010
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2. Principal Place of Business 14516 New Hampton Place	3. Mailing Address 14516 New Hampton Place
Suite, Apt. #, etc. Ft. Myers, FL	Suite, Apt. #, etc. Ft. Myers, FL
City & State 33912	City & State 33912

4. FEI Number 38-2424512	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRAWNER, THOMAS E
24510 DOLPHIN COVE DR.
PUNTA GORDA FL 33955

Name Brawner, Thomas E.
Street Address (P.O. Box Number is Not Acceptable) 14516 New Hampton Place
City Ft. Myers
State FL
Zip Code 33912

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: *Thomas E. Brawner* **THOMAS E. BRAWNER President** **2-18-00**
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, 2000 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 STREET ADDRESS CITY-ST-ZIP	CPT BRAWNER, THOMAS E 24510 DOLPHIN COVE DR. PUNTA GORDA FL 33955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT BRAWNER, THOMAS E. 14516 NEW HAMPTON PLACE FT. MYERS, FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVS BRAWNER, SHERRY L 24510 DOLPHIN COVE DR. PUNTA GORDA FL 33955	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVS BRAWNER, SHERRY L. 14516 NEW HAMPTON PLACE FT. MYERS, FL 33912	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Thomas E. Brawner* **THOMAS E. BRAWNER President** **2-18-00** **(941)-561-1021**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)