

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90044 041 ***158.75

DOCUMENT # G52330

1. Entity Name
CASSIDY INVESTMENTS, INC.

Principal Place of Business
4196 HERSCHEL ST
SUITE 2
JACKSONVILLE FL 32210

Mailing Address
4196 HERSCHEL ST
SUITE 2
JACKSONVILLE FL 32210

2. Principal Place of Business
5287 New Kings Rd.
 Suite, Apt. #, etc.

3. Mailing Address
5287 New Kings Rd.
 Suite, Apt. #, etc.

City & State
Jacksonville, FL
Zip
32209
 Country

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Jacksonville, FL
Zip
32209
 Country

4. FEI Number **59-2331678**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CONE, FRED M. JR.
SUITE #1235 - ONE ENTERPRISE CENTER
225 WATER STREET
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	CASSIDY, RICHARD C	
STREET ADDRESS	4196 HERSCHEL ST	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CASSIDY, RICHARD C JR	
STREET ADDRESS	4196 HERSCHEL ST	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CASSIDY, JOHN T.	
STREET ADDRESS	4196 HERSCHEL ST	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5287 New Kings Rd.
CITY-ST-ZIP	Jacksonville, FL 32209
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5287 New Kings Rd.
CITY-ST-ZIP	Jacksonville, FL 32209
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5287 New Kings Rd.
CITY-ST-ZIP	Jacksonville, FL 32209
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *John T. Cassidy* **4-25-02** **904 924 9629**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)