

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90099 005 \*\*\*158.75

**DOCUMENT # H78185**

1. Entity Name  
**CHARLES P. CASSON, INC.**



Principal Place of Business  
**5709 MAIN ST  
P O BOX 131  
NEW PORT RICHEY FL 34656-0131  
US**

Mailing Address  
**PO BOX 131  
NEW PORT RICHEY FL 34656  
US**



2. Principal Place of Business  
**8141 AQUILA ST.  
Suite, Apt. #, etc.  
UNIT 314**

3. Mailing Address  
  
Suite, Apt. #, etc.

City & State  
**PORT RICHEY, FL**

City & State

4. FEI Number **59-2590690**

Applied For  
Not Applicable

Zip  
**34668**

Country  
**USA**

Zip

Country

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

**CASSON, CHARLES P.  
5709 MAIN ST  
P O BOX 131  
NEW PORT RICHEY FL 34656**

Name **CHARLES P. CASSON**

Street Address (P.O. Box Number is Not Acceptable)  
**8141 AQUILA ST.**

**UNIT 314**

City **PORT RICHEY**

**FL**

Zip Code  
**34668**

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

**CHARLES P. CASSON**

**3/18/03**

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 ☐ Delete  
NAME **PTSD**  
STREET ADDRESS **CASSON, CHARLES P.**  
CITY-ST-ZIP **5709 MAIN ST  
NEW PORT RICHEY FL**

TITLE ☒ Change ☐ Addition  
NAME **PTSD**  
STREET ADDRESS **CHARLES P. CASSON**  
CITY-ST-ZIP **8141 AQUILA ST, UNIT 314  
PORT RICHEY, FL 34668**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/03**

**727.843.0321**

Date

Daytime Phone #

CR2E034 (10/02)