

2001 UNIFORM BUSINESS REPORT (UBR)

003088 SP

DOCUMENT # L00000002457

1. Entity Name

INCASCAN, LLC

Principal Place of Business

1111 C.R. 427 N., SUITE 101
LONGWOOD FL 32750

Mailing Address

1111 C.R. 427 N., SUITE 101
LONGWOOD FL 32750

FILED

01 APR 16 PM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, ALAN A

1111 C.R. 427 N., SUITE 101

LONGWOOD FL 32750

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

000004036540--5
-04/20/01--01110--023
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE PRESIDENT ☐ Delete
NAME ALAN WRIGHT
STREET ADDRESS 884 SILVERSMITH CIRCLE
CITY-ST-ZIP LAKE MANA FL 32746

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

TITLE SECRETARY ☐ Delete
NAME IRENE WRIGHT
STREET ADDRESS 884 SILVERSMITH CIRCLE
CITY-ST-ZIP LAKE MANA FL 32746

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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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/3/2001 401 834 1700

Date

Daytime Phone #

Y103

CR2E083 (11/00)