

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90236 015 \*\*\*150.00

**DOCUMENT # L45243**

1. Entity Name  
**CASEY LAND CO., INC.**



Principal Place of Business

**425 PALMOLA ST.**  
**LAKELAND FL 33803**  
**US**

Mailing Address

**425 PALMOLA ST.**  
**LAKELAND FL 33803**  
**US**



2. Principal Place of Business

**3243 Highlands Lakeview Circle**  
Suite, Apt. #, etc.  
**Lakeland, FL**  
City & State

3. Mailing Address

**3243 Highlands Lakeview Circle**  
Suite, Apt. #, etc.  
**Lakeland, FL**  
City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3027996**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~CLARK, RONALD L.~~  
~~500 SOUTH FLORIDA AVENUE~~  
~~SUITE 800~~  
~~LAKELAND FL 33801~~

7. Name and Address of New Registered Agent

Name **JERRY HERRING**  
Street Address (P.O. Box Number is Not Acceptable)  
**3243 HIGHLAND LAKEVIEW CIR**  
City **Lakeland** **FL** Zip Code **33813**

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

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HERRING, JERRY</b>	
STREET ADDRESS	<b>425 PALMOLA ST 3243 Highlands Lakeview Circle</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HERRING, JANIS</b>	
STREET ADDRESS	<b>425 PALMOLA ST 3243 Highlands Lakeview Circle</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/2003**

Date

**863-682-6315**

Daytime Phone #

CR2E034 (10/02)