

2000 UNIFORM BUSINESS REPORT (UBR)

0001518 AF

DOCUMENT # L98000003233

1. Entity Name
CASEY RESEARCH SERVICES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 16 PM 3:21

Principal Place of Business

% LARS HOLFVE
350 TAYLOR AVE., APT. B-5
CAPE CANAVERAL FL 32920-3055

Mailing Address

% LARS HOLFVE
350 TAYLOR AVE., APT. B-5
CAPE CANAVERAL FL 32920-3055



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3548507
APPLIED FOR

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

HOLFVE, LARS
350 TAYLOR AVE., APT. B-5
CAPE CANAVERAL FL 32920-3055

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

3/13/00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HOLFVE, LARS
350 TAYLOR AVE. APT B5
CAPE CANAVERAL FL 32920-3055 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4000003183624--6
-03/24/00--01100--003
*****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HOLFVE, PER-OLOF
350 TAYLOR AVE. APT B5
CAPE CANAVERAL FL 32920-3055 ☐ Delete

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

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

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 OR MANAGER

Date

Daytime Phone #

3/13/00

CR2E083 (9/99)