

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90183 032 ***150.00

DOCUMENT # L99000007205

1. Entity Name

CASUCCI COMPANY, LLC

Principal Place of Business

**365 6TH AVE. NORTH
 TIERRA VERDE FL 33715**

Mailing Address

**365 6TH AVE. NORTH
 TIERRA VERDE FL 33715**

2. Principal Place of Business

PO Box 529

3. Mailing Address

PO Box 529

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

36-2423204

Applied For

Not Applicable

Zip

33731-0529

Country

USA

Zip

33731-0529

Country

USA

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

**CASUCCI, CASS T
 365 6TH AVE. NORTH
 TIERRA VERDE FL 33715**

Name

M. Timothy Farrell

Street Address (P.O. Box Number is Not Acceptable)

100 - 2nd Avenue South, #600

City

St. Petersburg

FL

Zip Code

33701-4336

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

M Timothy Farrell
 Signature, typed or printed name of registered agent and title if applicable.

M TIMOTHY FARRELL

2/1/02
 DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MGR
 CASUCCI, CASS T
 365 6TH AVE. NORTH
 TIERRA VERDE FL 33715**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**PO Box 529
 St. Petersburg, FL 33731-0529**

☒ Change ☐ Addition

TITLE
 NAME
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☐ 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:

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

Date

Daytime Phone #

2.6-02 231-238-7422

CR2E083 (9/01)