

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90378 010 ***150.00

DOCUMENT # M77472

1. Entity Name

CAFS, INC.

Principal Place of Business

Mailing Address

12966 SERATINE DR.
 PENSACOLA, FL
 32501

12966 SERATINE DR.
 PENSACOLA, FL
 32501

2. Principal Place of Business

3. Mailing Address

P.O. BOX 2410

P.O. BOX 2410

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SANTA MONICA, CA

City & State

SANTA MONICA, CA

4. FEI Number

59-2879715

Applied For

Not Applicable

Zip

Country

90407-2410

US

Zip

Country

90407-2410

US

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

NESHEM, WILLIAM T.
 12966 SERATINE DR
 PENSACOLA, FL 32501

Name
 SUSAN E. BRADY

Street Address (P.O. Box Number is Not Acceptable)
 2231 PADDOCK CIRCLE

City
 DUNEDIN

FL

Zip Code
 34698

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

Susan E. Brady

4-26-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
 NAME GILICH, ANDREW M., JR.
 STREET ADDRESS 2026 TUILLERIES COVE
 CITY - ST - ZIP BILOXI, MS 39531

TITLE DV ☐ Delete
 NAME WEST, MICHAEL B.
 STREET ADDRESS 1413 SEACLIFF DR.
 CITY - ST - ZIP GAUTIER, MS 39553

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Change ☒ Addition
 NAME GOODMAN, LAWRENCE M., III
 STREET ADDRESS P.O. BOX 2410
 CITY - ST - ZIP SANTA MONICA, CA 90407-2410

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael West

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

228
 374 0480

Daytime Phone #