

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90048 050 ***150.00

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 AV

DOCUMENT # P00000024699

1. Entity Name

CASUAL LABOR FORCES INCORPORATED

Principal Place of Business

**11301 S ORANGE BLOSSOM TRAIL
 ORLANDO FL 32837**

Mailing Address

**11301 S ORANGE BLOSSOM TRAIL
 ORLANDO FL 32837**

00001046



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6397 CONROY RD

Suite, Apt. #, etc.

1606

City & State

ORLANDO, FL

Zip

32835

Country

ORANGE

3. Mailing Address

6397 CONROY RD.

Suite, Apt. #, etc.

1606

City & State

ORLANDO, FL

Zip

32835

Country

ORANGE

4. FEI Number

59-3627928

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fees Required**

6. Name and Address of Current Registered Agent

VALENTINA, EDDY

**12660 GETTYSBURG CIR
 ORLANDO FL 32837**

7. Name and Address of New Registered Agent

Name

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

6397 CONROY RD. #1606

City

ORLANDO

FL

Zip Code

32835

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

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, 2002 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 **P** ☐ Delete
 NAME **VALENTINA, EDDY**
 STREET ADDRESS **12660 GETTYSBURG CIR**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6397 CONROY RD. #1606**
 CITY-ST-ZIP **ORLANDO, FL 32835**

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

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

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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:

SIGNATURE SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/02

Date

(407) 240-2434

Daytime Phone #

CR2E034 (9/01)