2002 UNIFORM BUSINESS REPORT (UBR)

May 23, 2002 8:00 am Secretary of State P00000037391 DOCUMENT # 1. Entity Name 05-23-2002 90001 032 ***150.00 CASADY'S QUALITY RADIATOR SERVICES, INC. Principal Place of Business Mailing Address 2410 NUREMBERG BLVD 2230 HWY 70 E BLDG D RM. 9 & 10 PUNTA GORDA FL 33983-2607 ARCADIA FL 34266 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3636635 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent CASADY, JAMES E SR Street Address (P.O. Box Number is Not Acceptable) 2410 NUREMBERG BLVD. **PUNTA GORDA FL 33983-2609** Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition TITLE □ Defete TITLE NAME NAME CASADY, JAMES E SR STREET ADDRESS STREET ADDRESS 2410 NUREMBERG BLVD CITY-ST-7IP CITY-ST-ZIP PUNTA GORDA FL 33983-2609 ☐ Addition Change Delete TITLE NAME CASADY, JOHN R SR STREET ADDRESS STREET ADDRESS 1577 N.E. NOBLES CITY-ST-ZIP CITY-ST-ZIP ARCADIA FL 33821 🗶 Change ☐ Addition TITLE ☐ Detete NAME NĀME CASADY, JOHN E JR STREET ADDRESS STREET ADDRESS 830 W HICKORY ST CITY-ST-ZIP CITY-ST-7IP arcadia FL 34266 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

D James E. Casady S+ 4-28-02 863-491-6933 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

FILED