2001	UNIFORM	BUSINESS	REPORT	(UB

DOCUMENT # P0000059937

## LOCAST CORPORATION

Principal Plac	ce of Business	Mailing Address							
523 SOUTH PALM AVENUE SUITE ONE SARASOTA FL 34236		523 SOUTH PALM AVENUE SUITE ONE SARASOTA FL 34236			• ≈ ୯ ନ ପ ପ				
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2. Principal Place of Business 330 S. PINEAPPLE ST		3. Mailing Address							
Suite, Apt. #, etc. <b>3</b> 41 <i>TE</i> /0ン		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State SARASOTA, FL		City & State						plied For t Applicable	
Zip 3423	Country	Zip	Coun	itry		Certificate of Status Desired		75 Addi Required	itional
	- 6.≺Name and Address of Current	Registered Agent		- بالتحدي	7. [	Name and Address of New Rec	jistered Agent	3	4,
DIDA	IDAOL IECODOVIA			Name					
BIRNBACH, JEFRREY M 523 SOUTH PALM AVENUE SUITE ONE				Street Address (P.O. Box Number is Not Acceptable)					
	ASOTA FL 34236								
SANASOTA PL S4230				City			FL Z	ip Code	)
8. The above	named entity submits this statement for stat			ed office or re			DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!!  After MAY 1, 2001  Make Check Payable		01 Fee	will be \$550	0.00	10. Election Campaign Finar Trust Fund Contribution.	neing		D May Be to Fees	
11.	OFFICERS AND		12.		ΑĎ	DITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFFREY BIRNBACK 330 S. PINEAPPLE S SARASITA, FL 34	7.						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SERGE JORGENSET 330 S. PINEMPPLE SARASOTA, FL 342	Delete Delete		I .			C	Change	☐ Addition
TITLÉ NAME STREET ADDRESS CITY-ST-ZIP	FRANK SILVERMI	87.	4	1	er er uggerer	* • = * *	· C	hange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SARASOTA, FL 3 VP CHARLES MARGE 330 S. PINEAPP SARASOTA, FL 3	Delete Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					c	Change	☐ Addition
TITLE		□ Delete	TITLE					hange	Addition

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CHARLES