

2001 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Feb 27, 2001 8:00 am
Secretary of State

01-31-2001 90009 030 ***158.75

DOCUMENT # P00000074308

1. Entity Name
CASNA, INC.

Principal Place of Business 6442 49TH AVE N ST PETERSBURG FL 33709	Mailing Address 6442 49TH AVE N ST PETERSBURG FL 33709
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3665357	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CASNA, ROBERT P 6442 49TH AVE N ST PETERSBURG FL 33709	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Robert P. Casna* *Secretary* DATE 1-20-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	NAME Robert P. Casna Jr	TITLE	NAME
STREET ADDRESS 6442 49th Ave N.	CITY-ST-ZIP ST Petersburg FL 33709	STREET ADDRESS	CITY-ST-ZIP
TITLE Vice President	NAME Judith A. Casna	TITLE	NAME
STREET ADDRESS 6442 49th Ave N	CITY-ST-ZIP ST Petersburg FL 33709	STREET ADDRESS	CITY-ST-ZIP
TITLE Robert P. Casna Treasurer	NAME Robert P. Casna	TITLE	NAME
STREET ADDRESS 6442 49th Ave N	CITY-ST-ZIP ST Petersburg FL 33709	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	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)(l), 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: *Robert P. Casna* **Robert P. CASNA Treasurer** DATE 2/14/01 (727) 541-3099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)