

3/28/

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-28-2002 90018 049 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000027090

1. Entity Name

CASON SERVICE CENTER, INC.

Principal Place of Business

3305 OLEANDER AVE
FT PIERCE FL 34108-2709

Mailing Address

3305 OLEANDER AVE
FT PIERCE FL 34108-2709

2. Principal Place of Business

3305 Oleander Ave

Suite, Apt. #, etc.

3. Mailing Address

3305 Oleander

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FT. Pierce FL

City & State

FT. Pierce FL

4. FEI Number

52-2221370

040200-

4-2

Applied For

Not Applicable

Zip

34982

Country

U.S.

Zip

34982

Country

U.S.

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CECIL W JEFFREY

5801 PELICAN BAY BLVD, SUITE 300
NAPLES FL 34108-2709

7. Name and Address of New Registered Agent

Name

Same

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

City

FL

Zip Code

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 fee 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 ☐ Delete
NAME President
STREET ADDRESS Damon Cason Parnell
CITY-ST-ZIP 920 Coral ST
FT. Pierce FL 34982

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-02

Date

772 461-2880

Daytime Phone

CR2E034 (9/01)