2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P01000028679 **Secretary of State** 1. Entity Name 03-15-2002 90005 036 ***150.00 DEWAYNE CASSADY HOME REPAIR SERVICE, INC. Principal Place of Business Mailing Address 2408 LANGLEY AVE STE F 2408 LANGLEY AVE STE F PENSACOLA FL 32504 PENSACOLA FL 32504 2. Principal Place of Business 3. Mailing Address esteroaks Pl 220₄ <u>os3</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE FEI Number City & State Applied For ensacola ensacola Not Applicable Country USA Country \$8.75 Additional 5. Certificate of Status Desired 504 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name an CASSADY, CYNTHIA'S Street Address (P.O. Box Number is Not Acceptable) 5053 YESTERBAKS PL PENSACOLA FL 32504 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 O Q CR2E034 (9/01 TITLE PD TITLE Change ☐ Addition ☐ Delete CASSADY, JOEL NAME NAME Yesteroaks Place 5053 STREET ADDRESS 2408 LANGLEY AVE STE F STREET ADDRESS Pensacola CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32504 TITLE ☐ Delete TITLE Change Addition SD NAME CASSADY, CYNTHIA S NAME Yesteroaks Place STREET ADDRESS STREET ADDRESS 2408 LANGLEY AVE STE F ensa cola PENSACOLA FL 32504 CITY-ST-ZIP CITY-ST-ZIE TITLE TITLE Change Addition 👿 Delete ۷D NAME NAME FRIESINGER, CHARLES M 1446 Aspen Lane STREET ADDRESS STREET ADDRESS 2408 LANGLEY AVE STE F tonment 32533 CITY-ST-ZIP CITY-ST-ZIE PENSACOLA FL 32504 ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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-7IE 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

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Mar 15, 2002 8:00 am