

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90246 035 ***150.00

DOCUMENT # P02000039339

1. Entity Name

CASSEL ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

90123716

2. Principal Place of Business
10823 TAMiami TRAIL

3. Mailing Address
10823 TAMiami TRAIL

Suite, Apt. #, etc.
UNIT A

Suite, Apt. #, etc.
UNIT A

City & State
NAPLES FL

City & State
NAPLES FL

4. FEI Number

02-0578988

Applied For
Not Applicable

Zip
34108

Country
USA

Zip
34108

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Registered Agent

Name A1A REGISTERED AGENT, INC.

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

25 S.E. 2ND AVENUE SUITE 1036

City MIAMI

FL

Zip Code
33131

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

Paul Smith

PAUL SMITH, VICE PRESIDENT

04-30-03

Signature, typed or printed name of registered agent and title 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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
CASSEL, CHRISTOPHER
10823 TAMiami TRAIL UNIT A
NAPLES FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
MATA, TARRA
10823 TAMiami TRAIL UNIT A
NAPLES FL 34108

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Christopher Cassel

CHRISTOPHER CASSEL, DPT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/03 (239)

CR2E034B (12/01)

507-5855