2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State
04-18-2003 90180 049 ***150.00

DOCUMENT # P02000070323

1. Entity Name
C.A.S SWISS, INC

Principal Place of Business
304 15TH STREET WEST
BRADENTON, FL 34205

Mailing Address
~~1155 102RD STREET~~ 304 15th Str. W
~~4B~~ Bradenton FL 34205
~~BAY HARBOR, FL 33154~~

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
304 15th Street W.		304 15th Street W.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Bradenton		City & State: Bradenton	
Zip: 34205	Country: FL	Zip: 34205	Country: FL

4. FEI Number — ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEVENS, CLAUDIA
~~1165 103RD STREET~~ 304 15th Street West
~~4B~~
~~BAY HARBOR, FL 33154~~ Bradenton FL 34205

7. Name and Address of New Registered Agent

Name: Claudia Stevens
Street Address (P.O. Box Number is Not Acceptable): 304 15th Street West
City: Bradenton FL Zip Code: 34205

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: C. Stevens CLAUDIA STEVENS 4/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! Fee is $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

~~9. Election Campaign Financing Trust Fund Contribution.~~ ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD STEVENS, CLAUDIA 304 15TH STREET WEST BRADENTON, FL 34205	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. Stevens CLAUDIA STEVENS 4/10/03 941-708-7050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #