

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91000 032 \*\*\*150.00

**DOCUMENT # P02000085327**

**1. Entity Name**  
**CASEY'S REMODELING SERVICES INC.**



**Principal Place of Business**  
**211 N. CORONA AVE**  
**CLEARWATER FL 33756**

**Mailing Address**  
**211 N. CORONA AVE**  
**CLEARWATER FL 33756**



**2. Principal Place of Business**

**3. Mailing Address**

**30 N. LADY MARY DR.**

**Suite, Apt. #, etc.**

**Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
**CLEARWATER**

**City & State**

**4. FEI Number**  
**68-0515044**

**Applied For**

**Not Applicable**

**Zip**  
**33755**

**Country**

**Zip**

**Country**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SOCHOCKI, KAZIMIERZ**  
**211 N. CORONA AVE**  
**CLEARWATER FL 33756**

**Name**

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

**30 N. LADY MARY DR.**

**City**

**CLEARWATER**

**FL**

**Zip Code**

**33755**

**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** *Kazimierz Sochocki*  
Signature, typed or printed name of registered agent and title if applicable.

**KAZIMIERZ SOCHOCKI**

**4/04/03**

(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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SOCHOCKI, KAZIMIERZ	211 N. CORONA AVE	CLEARWATER FL 33756	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	30 N. LADY MARY DR.	CLEARWATER, FL	33755	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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:** *Kazimierz Sochocki*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KAZIMIERZ SOCHOCKI, PRES.** **4/04/03** **727-443-7923**  
Date Daytime Phone #

CR2E034 (10/02)