# **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

### P02000111057 DOCUMENT #

1. Entity Name CASI INVEST, INC.



Mar 10, 2003 8:00 am ≥ Secretary of State ≥ **FILED** 

03-10-2003 90162 038 \*\*\*150.00

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS							1	VE TEL					
Suite, Apr. #. etc.   Suite, Apr. #. etc.   Suite, Apr. #. etc.   City & State   City & State   City & State   City & State   Applied For   Ap	2309 EL DOR	ado PKWY W	2309 ĔL	2309 EL DORADO PKWY W									
City & State  Ci	Principal Place of Business     3. Mailing Address											BBI HBII <b>FBif</b> i	
ZD Country Zip Country S. Certificate of Status Desired   \$8.75 Additional   Fee Agents   \$8.75 Additional   Fee Agents   \$8.75 Additional   Fee Agents   Fee Age	Suite, Apt. #, etc. Suite, Apt. #, etc.									☐ CHECK HERE	F MAKING	CHANGES	
Zp   Country   Zip   Country   5. Certificate of Status Desired   \$8.75 Additional Fee Regulated   Fee Regul	City & Stat	e		City &	City & State								
RUESTER, MICHAEL 2309 EL DORADO PKWY W CAPE CORAL FL 33914  City FL Zip Code 8. The above named analy subgrits my patement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations for comprising agent and the part of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations for comprising agent agent and the part of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations for comprising agent	Zip		Country	Zip	Zip Country							8.75 Ad	ditional
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2309 EL DORADO PKWY W CAPE CORAL FL 33914  Stroet Address (P.C. Box Number is Not Acceptable)  City FL Zip Code  8. The above named antity subgate this patternent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lian familiar with, and accept the obligational for expressional for expressional space and to a repatcher.  SIGNATURE	RUESTER	. MICHAEL					Ivairie						
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THE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  THE NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  THE SIBILAK, FRANK STREET ADDRESS OF PLACE S.W.  CITY-ST-2P  CAPE CORAL FL 33914  TITLE  NAME STREET ADDRESS CITY-ST-2P  TITLE  NAME STREET ADDRESS CITY-ST-2P  CAPE CORAL FL 33914  TITLE  NAME STREET ADDRESS CITY-ST-2P  TITLE  NAME STREET ADDRESS CITY-ST-2P  TITLE  NAME STREET ADDRESS CITY-ST-2P  Delete  TITLE  NAME STREET ADDRESS CITY-ST-2P  Delete NAME STREET ADDRESS CITY-ST-2P  Delete NAME STREET ADDRESS CITY-ST-2P  Delete NAME STREET ADDRESS CITY-ST-2P  TITLE  NAME STREET ADDRESS CITY-ST-2P  TITLE  NAME STREET ADDRESS CITY-ST-2P  Delete NAME STREET ADDRESS CITY-ST-2P  TITLE N							,					'	
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After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	SIGNATURE .	Signature, typed				E: Registered	d Agent signa	ture required	when re	einstating)	DATE		····
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accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the regeiver

**SIGNATURE:** 

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501 PO200011057

DATE OF THIS NOTICE: 11-01-2002 NUMBER OF THIS NOTICE: CP 575 A EMPLOYER IDENTIFICATION NUMBER: 22-3879206 FORM: SS-4 0134555977 B

FOR ASSISTANCE CALL US AT: 1-800-829-1040

CASI INVEST INC 2309 EL DORADO PKY W CAPE CORAL FL 33914

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OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your form \$5-4, Application for Employer Identification Number (EIN). We assigned you EIN 22-3879206. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

### Form 1120

### 03/15/2003

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

If you're required to deposit for employment taxes (Forms 941, 943, 940, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), we will send an initial supply of Federal Tax Deposit (FTD) coupon books within six weeks. You can use the enclosed coupons if you need to make a deposit before you receive your supply.