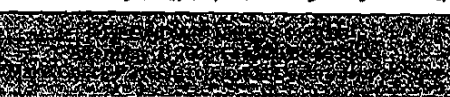


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000128676			
1. Entity Name CASUNA, INC.			
Principal Place of Business 3016 U.S. 98 MEXICO BEACH, FL 32410		Mailing Address 3016 U.S. 98 MEXICO BEACH, FL 32410	
2. Principal Place of Business		3. Mailing Address P.O. Box 13123	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State Mexico Beach, FL	
Zip	Country	Zip	Country
32410	USA	32410	USA
4. FFL Number 54-2087888		Applied For ☐ Not Applicable	
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	
PIERCE, ROBERT A 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
			
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-STATE-ZIP	PSTD PARKER, CHARLES M 3016 U.S. 98 MEXICO BEACH, FL 32410 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PTD Hobbs, Cathey Parker P.O. Box 13123 Mexico Beach, FL 32410 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V PARKER, FRANCES C 3016 U.S. 98 MEXICO BEACH, FL 32410 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSD Parker, Frances C. P.O. Box 13123 Mexico Beach, FL 32410 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <i>Frances C. Parker</i>		4/24/03 850-648-5777	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

Cathey Parker Hobbs 4/21/03 850-648-5777

FILED

03 APR 22 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA☐ CHECK HERE IF MAKING CHANGES

CR2004 (10/02)