FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State
06-05-2002 90412 021 ***150.00

DOCUMENT # P93000007027

1. Entity Name
CASPYS INCORPORATED

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
6365 BAHIA DEL MAR BLVD	6365 BAHIA DEL MAR BLVD
Suite, Apt. #, etc. J215	Suite, Apt. #, etc. J215
City & State ST PETERSBURG	City & State ST PETERSBURG FL
Zip 33715 Country PINELLAS	Zip 33715 Country PINELLAS

4. FEI Number 59-3160101 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CHESTER INGALLS.
Street Address (P.O. Box Number is Not Acceptable): 3495 5TH AVE NORTH
City: ST PETERSBURG FL Zip Code: 33713

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: [signature] registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 6-3-02

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 P.D.S.	
NAME VIVIENNE MARRAN	
STREET ADDRESS 6365 BAHIA DEL MAR BLVD J215	
CITY-ST-ZIP ST PETE FLA 33715	
TITLE V.P.	
NAME ~~DAVID SCHOOL~~ PHILIP MARRAN	
STREET ADDRESS 6365 BAHIA DEL MAR BLVD J215	
CITY-ST-ZIP ST PETE FLA 33715	
TITLE V.P.	
NAME KERRI MARRAN	
STREET ADDRESS 6365 BAHIA DEL MAR BLVD J215	
CITY-ST-ZIP ST PETE FLA 33715	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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: [signature] VIVIENNE MARRAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-3-02 Date 727 906 0056 Daytime Phone #