

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90260 011 \*\*\*150.00

**DOCUMENT # P93000039305**

1. Entity Name  
**CAS-MOR, INC.**



Principal Place of Business  
**2174 SE 150TH ST  
SUMMERFIELD FL 34491**

Mailing Address  
**2174 SE 150TH ST  
SUMMERFIELD FL 34491**

**11013040**



2. Principal Place of Business

3. Mailing Address

**2174 SE 150th St**  
Suite, Apt. #, etc.

**2174 SE 150th St**  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

**Summerfield FL**

City & State

**Summerfield FL**

4. FEI Number **59-3252109**

Applied For

Not Applicable

Zip  
**34491**

Country

Zip

**34491**

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

**BLAKES, BERTHA M  
2174 SW 150TH ST  
SUMMERFIELD FL 34491**

Name

**BLAKEY, BERTHA M**

Street Address (P.O. Box Number is Not Acceptable)  
**2174 SE 150th St**

City

**Summerfield**

**FL**

Zip Code

**34491**

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 **Bertha M Blakey PD/S Bertha m Blakey PD/S**

**4/23/03**

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	PD BLAKEY, BERTHA M 2174 SE 150 ST SUMMERFIELD FL 34491	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOORE, JOHN W SR 2210 SE 150TH ST SUMMERFIELD FL 34491	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLAKEY, BERTHA M 2174 SE 150TH ST SUMMERFIELD FL 34491	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Bertha M Blakey**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/02 (352) 245-4324**

Date

Daytime Phone #

CR2E034 (10/02)