

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90055 022 ***150.00

DOCUMENT # P94000042385

1. Entity Name

JASON CASALE CONSTRUCTION, INC.

Principal Place of Business

**422 PALM DR
 FLAGLER BCH FL 32136
 US**

Mailing Address

**43 FORSYTHE LN
 PALM COAST FL 32137
 US**

732880

2. Principal Place of Business

**12 WILD ROSE PL
 Suite, Apt. #, etc.**

3. Mailing Address

**12 WILD ROSE PL
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

PALM COAST, FL

City & State

PALM COAST, FL

4. FEI Number

59-3256645

Applied For
 Not Applicable

Zip Country

32164 FLAGLER

Zip Country

32164 FLAGLER

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

**CASALE, JASON
 422 PALM DR
 FLAGLER BCH FL 32136**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PTD**
 STREET ADDRESS **CASALE, JASON**
 CITY-ST-ZIP **43 FORSYTHE LN.
 PALM COAST FL 32137**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jason Casale JASON CASALE 3/19/01 904 439 7293
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)