

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90201 030 ***150.00

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DOCUMENT # P94000060132

1. Entity Name
CASEY-MAR, INC.



Principal Place of Business
5302 72ND ST E
BRADENTON FL 34208

Mailing Address
5302 72ND ST E
BRADENTON FL 34208

2. Principal Place of Business

2605 66th ST Cir W
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State
BRADENTON FL

City & State

Zip
34209

Country
USA

Zip

Country

4. FEI Number 65-0500843

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HEEMSTRA, CORNELIUS
5302 72ND ST E
BRADENTON FL 34208

2605 66th St. Cir. W.

7. Name and Address of New Registered Agent

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

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

TITLE PT
NAME HEEMSTRA, CORNELIUS
STREET ADDRESS 5302 72ND STREET EAST
CITY-ST-ZIP BRANDENTON FL ☐ Delete

TITLE VPS
NAME HEEMSTRA, MAUREEN
STREET ADDRESS 5302 72ND STREET EAST
CITY-ST-ZIP BRANDENTON FL ☒ Delete

TITLE VP
NAME STEPHANIE FOX
STREET ADDRESS 6859 WAGON WHEEL CIR
CITY-ST-ZIP SACASOTA FL 34243 ☐ Delete

TITLE VP
NAME JAMIE FOX
STREET ADDRESS 6859 WAGON WHEEL CIR
CITY-ST-ZIP SACASOTA FL 34243 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-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)(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:

STEPHANIE FOX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.25.03 941)355.1155

CR2E034 (10/02)