2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # **P94000071416**

1. Entity Name

CASS FLEET SERVICES, INC.



FILED Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90123 004 ***150.00

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Principal Place of Business 6180 IDLEWILD ST FT MYERS FL 33912 US		Mailing Address P. O. BOX 61793 FT MYERS FL 33912-1793 US) : (0.0)):	121 JCP 18111 S1811 S8111 P8111 S	III 88 111 1 889 1 10 8	ı ı e r e ğı (il	
00		US							
2. Principal Place of Business		3. Mailing Address							J(0 04)1 100)
<u> </u>	,								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Numb	4. FEI Number CE_0E31300 Applied			lied For
				4. FEI Number 65-0521399		Not Applicab		Applicable	
Zip Country		Zip Coun		itry	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Regis			
ettan yanta				Name					
CASALINI, DONALD			1.1	Street Address (P.O. Box Number is Not Acceptable)					
• •	IAMI TRAIL NORTH #2-868 I	06Th Ave. Nor	47						
NAPLES F	L 34108								
	4			City		·	FL Zi	o Code	
0 The character	and analysis of the second sec) "							
	named entity submits this statement for ions of registered agent.	or the purpose of changing i	ts register	ea office or regis	stered agent, or bo	tn, in the State of Fiorida	. I am tamiliai	with, ar	то ассерт
	-	•							
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NC	DTE: Registere	d Agent signature regi	uired when reinstating)		DATE		
	. 1				1	***************************************			
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Figrida Department o					ection Campaign Financi ust Fund Contribution.		\$5.00 Added to	May Be o Fees
<u>i</u>	OFFICERS AND		a		466,7101.0	OULD TO OFFICE			
10.	PV OFFICERS AND	☐ Delete	11. •TITL	P	1 ~~	CHANGES TO OFFICER	® T o		_
NAME	CASALINI, DONALD	∟ Detete	NAM		nadd C	asalini th Ave Noi FL 3410	∑ Cr	ange	☐ Addition
STREET ADDRESS	9915 TAMIAMI TRAIL NORTH #2			ET ADDRESS	106	th Ave Noi	rith.		
CITY-ST-ZIP	NAPLES FL 34108		CITY	-ST-ZIP	Vaples	F1 3416	28		
TITLE	ST	◯ Delete	TITL			~~ 591	Cr	ange	☐ Addition
NAME	CATHY CASALINI	•	NAM	E					
STREET ADDRESS	9915 TAMIAMI TRAIL NORTH #2			ET ADDRESS					
CITY-ST-ZIP .	NAPLES FL 34108	چستوب اور از و د د	_CITY	ST-ZIP		The second secon		<u> </u>	
TITLE		☐ Delete	TITLE				☐ CH	ange	Addition Addition
NAME STREET ADDRESS			NAM						
STREET ADDRESS City-St-Zip				ET ADDDEDA					
				ET ADDRESS					
TITLE NAME	·	—	CITY	-ST-ZIP					
	<u></u>	☐ Delete	CITY	-ST-ZIP			☐ Cr	ange	☐ Addition
	<u></u>	☐ Delete	CITY TITLE NAM	-ST-ZIP :			☐ Cr	ange	☐ Addition
STREET ADDRESS	<u> </u>	☐ Delete	CITY TITLE NAM STRE	-ST-ZIP E ET ADDRESS	. ,		☐ Cř	ange	☐ Addition
STREET ADDRESS CITY-ST-ZIP			CITY TITLE NAM STRE CITY	-ST-ZIP E ET ADDRESS -ST-ZIP	. ,	,			
STREET ADDRESS		☐ Delete	CITY TITLE NAM STRE	-ST-ZIP :: E ET ADDRESS :- ST-ZIP ::			Cr		☐ Addition

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP 👵

CITY-ST-ZIP

NAME

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

☐ Delete

Panala Casaline 3-24-03

Change

☐ Addition