

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90128 010 \*\*\*158.75

**DOCUMENT # P94000085572**



1. Entity Name  
**CASSAT IMPORTS INC.**

Principal Place of Business  
**1471 CASSAT AVENUE  
JACKSONVILLE FL 32205  
US**

Mailing Address  
**1471 CASSAT AVENUE  
JACKSONVILLE FL 32205  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **59-3368747**

Applied For  
Not Applicable

Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMPANER, DELFINO**  
**10512 McGirts Creek Drive**  
**Jacksonville, FL 32221**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>P</b> <b>DELFINO CAMPANER</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>10512 McGirts Creek Drive</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32221</b>	
TITLE NAME	<b>AVP</b> <b>SHIRLEY, THOMAS</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>7918 LENOX AVE.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32220</b>	
TITLE NAME	<b>ST</b> <b>CAMPANER, AUDREY</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>10512 McGirts Creek Dr.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32221</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>AVP</b> <b>Audrey Campaner</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>10512 McGirts Creek Dr</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32221</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE: **Audrey Campaner**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**19 March 03-904-3872556**  
Date Daytime Phone #

CR2E034 (10/02)