

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90050 005 ***150.00

0624946 AT

DOCUMENT # P94000088024

1. Entity Name

CASUCCI ENTERPRISES, INC.

Principal Place of Business

**365 6TH AVENUE NORTH
 SAINT PETERSBURG FL 33715
 US**

Mailing Address

**365 6TH AVENUE NORTH
 SAINT PETERSBURG FL 33715
 US**

2. Principal Place of Business

PO Box 529

Suite, Apt. #, etc.

3. Mailing Address

PO Box 529

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-3282061

Applied For

Not Applicable

Zip

33731-0529

Country

USA

Zip

33731-0529

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CASUCCI, CASS T
 365 6TH AVENUE NORTH
 TIERRE VERDE FL 33715**

7. Name and Address of New Registered Agent

Name

M. Timothy Farrell

Street Address (P.O. Box Number is Not Acceptable)

100 - 2nd Avenue South, #600

City

St. Petersburg,

FL

Zip Code

33701-4336

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

M. Timothy Farrell

M. TIMOTHY FARRELL 2/1/02

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, 2002 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

TITLE **CPD** ☐ Delete
 NAME **CASUCCI, CASS T**
 STREET ADDRESS **365 6TH AVENUE NORTH**
 CITY-ST-ZIP **TIERRE VERDE FL 33715**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **PO Box 529**
 CITY-ST-ZIP **St. Petersburg, FL 33731-0529**

TITLE ☐ Change ☐ Addition
 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:

CASUCCI, CASS T
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-6-02

271-238-4422

CR2E034 (9/01)