

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000091385

1. Entity Name

CASSIDY SUPPLY, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90010 040 ***150.00

Principal Place of Business

Mailing Address

~~999 SHOTGUN ROAD~~ 1790 N. COMMERCE PKWY ~~999 SHOTGUN ROAD~~ 1790 N. COMMERCE PKWY
~~SUNRISE FL 33326~~ WESTON, FL ~~SUNRISE FL 33326-1910~~ WESTON, FL
33326 33326

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0547490

Applied For
Not Applicable

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

DAIGNEAULT, ROBERT
13161 S.W. 29TH COURT
DAVE FL 33330

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	DAIGNEAULT, ROBERT	
STREET ADDRESS	13161 S.W. 29TH COURT	
CITY-ST-ZIP	DAVE FL 33330	
TITLE	S LONGWORTH	<input type="checkbox"/> Delete
NAME	BACON, DEBORAH	
STREET ADDRESS	9380 S.W. 54 STREET 4338 mahogany ridge dr.	
CITY-ST-ZIP	GOOPER CITY FL 33328 Weston, FL 33331	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	LONGWORTH, DEBORAH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4338 mahogany ridge dr.	
STREET ADDRESS	Weston, FL 33331	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Deborah Longworth Deborah Longworth 2/2/00 (954) 473-4409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)