

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90127 043 ***150.00

DOCUMENT # P95000088675



1. Entity Name
CASEY'S CATERING, INC.

Principal Place of Business 871 1 NE DIXIE HWY JENSEN BCH FL 34957 US	Mailing Address 871-1 NE DIXIE HWY JENSEN BCH FL 34957 US
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11011007



2. Principal Place of Business 3830 NE Indian River Suite, Apt. #, etc. #312	3. Mailing Address PO Box 733 Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State Jensen Bch FL	City & State Jensen Bch. FL	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Zip 34957	Country Martin	Zip 34958	Country Martin

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**LYONS, BILL
871 1 NE DIXIE HWY
JENSEN BCH FL 34957**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
3830 NE Indian River DR
City
Jensen Bch. FL Zip Code
34957

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 _____ (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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LYONS, BILL 871-1 NE DIXIE HWY JENSEN BEACH FL 34957	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST LYONS, MARGARET 871-1 NE DIXIE HWY JENSEN BCH FL 34957	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3830 NE Indian River DR Jensen Bch, FL 34958	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3830 NE Indian River DR. Jensen Bch, FL 34958	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: **LOUISIANA REGISTERED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-03 **772-834-1427**
Date Daytime Phone #

CR2E034 (10/02)