

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90254 018 ***150.00

DOCUMENT # P96000030767

1. Entity Name
CASON & CO., INC.



Principal Place of Business
12100 LEM TURNER RD
JACKSONVILLE, FL 32218

Mailing Address
12100 LEM TURNER RD.
JACKSONVILLE, FL 32218

11017683

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
PO Box 28249
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
JACKSONVILLE FL

Zip
32226

Country
DUVAL

4. FEI Number
59-3371707

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CASON, JAMES A
12576 DUNRAVEN TRAIL
JACKSONVILLE, FL 32223

7. Name and Address of New Registered Agent
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 *[Signature]* DATE 4-22-03
(NOTE: Registered Agent's signature required when restarting)

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 STREET ADDRESS CITY-ST-ZIP	PD CASON, JAMES A. 12576 DUNRAVEN TRAIL JACKSONVILLE, FL 32223	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CASON, SALLY A. 12576 DUNRAVEN TRAIL JACKSONVILLE, FL 32223	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition

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: *[Signature]* DATE 4-22-03 DAYTIME PHONE # 904-768-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)