

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91785 008 ***158.75

DOCUMENT # P96000032290

1. Entity Name

CASO, INC.



DO NOT WRITE IN THIS SPACE

11041623

2. Principal Place of Business

437 Greenleaf Square

Suite, Apt. #, etc.

3. Mailing Address

437 Greenleaf Square

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Port Orange, FL

Zip 32127

Country USA

City & State

Port Orange, FL

Zip 32127

Country USA

4. FEI Number

59-3388298

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Christal L. CASO

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

437 Greenleaf Square

City

Port Orange

FL

Zip Code

32127

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

Christal L. CASO

President

April 30, 2003

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE President
NAME Christal L. CASO
STREET ADDRESS 437 Greenleaf Square
CITY-ST-ZIP Port Orange, FL 32127

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Christal L. CASO Christal L. CASO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-2003 386-322-4222

Date

Daytime Phone #

CR2E034B (12/02)