

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90201 004 ***150.00

DOCUMENT # P96000048265

1. Entity Name

GEORGE M. CASEY, INC.

Principal Place of Business

898 CYPRESS LAKEVIEW CT
TARPON SPRINGS FL 34689
US

Mailing Address

898 CYPRESS LAKEVIEW CT
TARPON SPRINGS FL 34689
US

2. Principal Place of Business

17200 Wiscon Rd
Suite, Apt. #, etc.

3. Mailing Address

17200 Wiscon Rd
Suite, Apt. #, etc.

City & State

Brooksville FL

City & State

Brooksville FL

4. FEI Number

59-3400340

Applied For

Not Applicable

Zip

34601

Country

USA

Zip

34601

Country

USA

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

Name

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

17200 Wiscon Rd

City

Brooksville

FL

Zip Code

34601

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

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

(NOTE: Registered Agent signature required when reappointing)

George M. Casey 4/27/01
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, 2001 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 ☐ Delete
NAME D
STREET ADDRESS CASEY, GEORGE M
CITY-ST-ZIP 898 CYPRESS LAKEVIEW CT
TARPON SPRINGS FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 17200 Wiscon Rd
CITY-ST-ZIP Brooksville FL 34601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

George M Casey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George M. Casey 4/27/01
Date

352-799-
Daytime Phone # 0556

CR2E034 (10/00)