## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 13, 2000 8:00 am Secretary of State DOCUMENT # **P97000027463** 1. Entity Name CAST INVESTMENT CORP. 05-13-2000 90004 036 \*\*\*150.00 Principal Place of Business Mailing Address 10225 ULMERTON RD STE 2 10225 ULMERTON RD STE 2 LARGO FL 33771-3519 LARGO FL 33771 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3440504 Not Applicable Zìp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARSENAULT, KENNETH G JR Street Address (P.O. Box Number is Not Acceptable) ARSENAULT & REARDON, P.A. 10225 ULMERTON ROAD STE 2 **LARGO FL 33771** Zip Code FL 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 reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition -TITLE ☐ Delete TITLE CANNOVA, MICHAEL F NAME STREET ADDRESS STREET ADDRESS 10225 ULMERTON RAOD STE 2 CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33771** ☐ Change Addition Delete TITLE TITLE NAME STAPLES, JACK R NAME 10225 ULMERTON RAOD STE 2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL 33771 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE ☐ Delete NAME STREET ADDRESS 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:

CR2E034 (9/99)