

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90054 048 \*\*\*150.00

**DOCUMENT # P97000053533**

**1. Entity Name**  
**JOE CASH ENGINEERING, INC.**

**Principal Place of Business**  
**4422 MUNDELLA CIRCLE**  
**PORT CHARLOTTE FL 33948**

**Mailing Address**  
**4422 MUNDELLA CIRCLE**  
**PORT CHARLOTTE FL 33948**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**65-0761820**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**

**CASH, CHARLES J**  
**3308 PORT CHARLOTTE BLVD.**  
**PORT CHARLOTTE FL 33952**

Name **CASH Charles J**

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

**24614 NOVA LANE**

City **Port Charlotte**

**FL**

Zip Code **33980**

**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 **Charles J. CASH**

*[Signature]*

**1/9/02**

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 **VDST**  
 STREET ADDRESS **CASH, JOE C**  
 CITY-ST-ZIP **4422 MUNDELLA CIRCLE**  
**PORT CHARLOTTE FL 33948**

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

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **CASH, LAN D**  
 CITY-ST-ZIP **4422 MUNDELLA CIRCLE**  
**PORT CHARLOTTE FL 33948**

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

TITLE ☐ Delete  
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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:**

**SIGNATURE REQUIRED**

Date

Daytime Phone #

**1/18/02 941-629-3721**

CR2E034 (9/01)