

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91375 027 ***150.00

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1. Entity Name
CCAS CORPORATION

Principal Place of Business
3501 DEL PRADO BLVD., STE. 302
CAPE CORAL FL 33904-7201

Mailing Address
3501 DEL PRADO BLVD., STE. 302
CAPE CORAL FL 33904-7201



2. Principal Place of Business

3501 DEL PRADO BLVD.
Suite, Apt. #, etc.
312

City & State
CAPE CORAL, FL

Zip Country
33904

3. Mailing Address

3501 DEL PRADO BLVD.
Suite, Apt. #, etc.
312

City & State
CAPE CORAL, FL

Zip Country
33904

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0777164

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LARROW, PAUL L
3501 DEL PRADO BLVD., STE. 302
CAPE CORAL FL 33904-7201

7. Name and Address of New Registered Agent

Name
PAUL L. LARROW
Street Address (P.O. Box Number is Not Acceptable)
3501 DEL PRADO BLVD, STE. 312
City
CAPE CORAL FL 33904

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

PAUL L. LARROW

24 APRIL 2003

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
LARROW, PAUL L ☐ Delete
403 SE 32 ST.
CAPE CORAL FL 33904-4134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
LARROW, JUDY M ☐ Delete
107-203 PA JOHNS RD.
MILLEDGEVILLE GA 31061

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AS
FAYER, PHYLLIS B ☐ Delete
14300 HICKORY LINKS CT.
FORT MYERS FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP
☐ 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:

PAUL L. LARROW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 APRIL 2003

Date Daytime Phone #

CR2E034 (10/02)