04/30/2001 12:22 5613350677 WDB OF TC

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May 22, 2001 8:00 am
Secretary of State

05-22-2001 90057 026 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106052 ✓

1. Entity Name CASATICA, INC.
255 SW. MARATHON AVE.
PORT St. LUCIE, FL. 34953

Principal Place of Business	Mailing Address
CASATICA, INC. 1274 SW. Fletcher LN. Port St. Lucie, FL. 34953	255 SW Marathon AVE Port St. Lucie, FL. 34953

770724

2. Principal Place of Business	3. Mailing Address
1274 SW. FLETCHER LN	255 SW. Marathon AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port St. Lucie, FL. 34953	City & State: PSL, FL. 34953
Zip: 34953 — Country: St Lucie	Zip: 34953 — Country: St Lucie

DO NOT WRITE IN THIS SPACE

4. FEI Number 650807194 ☐ Applied For ☐ Not Applicable

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 JOHN E. DOYLE
	Street Address (P.O. Box Number Is Not Acceptable) 255 SW. MARATHON AVE.
	City PORT St. LUCIE, FL Zip Code 34953

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 John E Doyle — 4/30/01
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)

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: EXECUTIVE DIRECTOR; NAME: ELIETTE A. DOYLE; STREET ADDRESS: 255 SW. MARATHON AVE; CITY-ST-ZIP: Port St. Lucie, FL. 34953	☒ Delete	TITLE: EXEC. DIR.; NAME: JOHN. E. DOYLE; STREET ADDRESS: 255 SW Marathon AVE; CITY-ST-ZIP: Port St. Lucie, FL. 34953	☒ Change ☐ Addition
TITLE; NAME; STREET ADDRESS; CITY-ST-ZIP	☐ Delete	TITLE; NAME; STREET ADDRESS; CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE; NAME; STREET ADDRESS; CITY-ST-ZIP	☐ Delete	TITLE; NAME; STREET ADDRESS; CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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: John E Doyle JOHN E. DOYLE 4/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #