

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90029 046 ***150.00

DOCUMENT # P97000108586

1. Entity Name
CASSIDY HOLDINGS, INC.

Principal Place of Business
28000 SPANISH WELLS BLVD
200
BONITA SPRINGS FL 34135

Mailing Address
PO BOX 279
BONITA SPRINGS FL 34133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
719 Grant AVE
Suite, Apt. #, etc.

3. Mailing Address
719 Grant AVE
Suite, Apt. #, etc.

City & State
LEHIGH ACRES FL
Zip
33972
Country

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4. FEI Number **65-0804911**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AMBURN, JAMES
28000 SPANISH WELLS BLVD
STE 200
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name
SSI ACCOUNTING & TAX SERVICE, INC.
Street Address (P.O. Box Number is Not Acceptable)
1500 COLONIAL BLVD
SUITE 235
City
FORT MYERS
FL
Zip Code
33907

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 *Arone Schum* **DATE** 4.25.02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P,V,T,S THOMAS RITTMANN 88000 SPANISH WELLS BLVD. BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P,V,T,S THOMAS RITTMANN 719 Grant AVE LEHIGH ACRES, FL 33972	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Arone Schum*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.02
Date

Daytime Phone #

CR2E034 (9/01)