FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 OCT 28 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300023526463
10/03/03--01011--018 **550.00

DOCUMENT # P99000028594

1. Entity Name: CASEY'S DOOR + GLASS INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
5124 DUNCAN Rd.	5124 DUNCAN Rd.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: PUNTA GORDA Fl.	City & State: PUNTA GORDA Fl.
Zip / Country	Zip: 33982 Country: U.S.

4. FEI Number: 65-0903431 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: STRANG & OLSEN, CPA's, P.A.
Street Address (P.O. Box Number is Not Acceptable): 103 W. MARION AVE
SUITE 121
City: PUNTA GORDA FL Zip Code: 33950

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PRES. NAME: JOHN K. CASEY STREET ADDRESS: 211 DUXBURY AVE. CITY-ST-ZIP: PORT CHARLOTTE Fl. 33952	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: V.P. NAME: ISABEL CASEY STREET ADDRESS: 211 DUXBURY AVE. CITY-ST-ZIP: PORT CHARLOTTE Fl. 33952	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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REINSTATEMENT 0304

[initials] 11/2/04

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: John K Casey — John K Casey 9/27/03 941-626-5413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2W1140 2.000