

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91708 010 \*\*\*150.00

**DOCUMENT # P99000042754**

1. Entity Name  
**CAROLYN CASEY, P.A.**

Principal Place of Business  
**1010 SEMINOLE DRIVE**  
**#203**  
**FT. LAUDERDALE FL 33304**

Mailing Address  
**1010 SEMINOLE DRIVE**  
**#203**  
**FT. LAUDERDALE FL 33304**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2800 n. Flagler Dr.**

3. Mailing Address  
**2800 n. Flagler Dr.**

Suite, Apt. #, etc.  
**# 812**

Suite, Apt. #, etc.  
**# 812**

City & State  
**West Palm Beach, FL**     **W. Palm Beach, FL**

4. FEI Number  
**59-3578108**

Applied For  
 Not Applicable

Zip     Country     Zip     Country  
**33407**     **Palm Beach**     **33407**     **Palm Beach**

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

**FLEET, H. BART**  
**1201 EGLIN PARKWAY**  
**SHALIMAR FL 32579**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City     **FL**     Zip Code

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>CASEY, CAROLYN M</b> <b>1010 SEMINOLE DRIVE #203</b> <b>FT. LAUDERDALE FL 33304</b> <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete
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	<b>PSTD</b> <b>Casey, Carolyn M.</b> <b>2800 n. Flagler Dr. #812</b> <b>W. Palm Beach, FL 33407</b> <input checked="" type="checkbox"/> Change <input 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: SIGNATURE REQUIRED     **4-19-02**     **561-889-5900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR     Date     Daytime Phone #

CR2E034 (9/01)