


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90043 003 \*\*\*150.00

**DOCUMENT # P99000067368**

1. Entity Name  
**CADY & CADY ASSOCIATES, INC.**



Principal Place of Business  
**101 NORTH SEVENTH STREET  
LAKE CITY FL 32055**

Mailing Address  
**101 NORTH SEVENTH STREET  
LAKE CITY FL 32055**

2. Principal Place of Business  
*161 NW LAKE JEFFERY RD.*

3. Mailing Address  
*161 NW LAKE JEFFERY RD.*

Suite, Apt. #, etc.

City & State  
*LAKE CITY, FL 32055*

City & State  
*LAKE CITY, FL*

Zip  
*32055*

Country  
*USA*

4. FEI Number  
**59-3590455**

Applied For  
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**CADY, MICHAEL L**  
**101 NORTH SEVENTH STREET**  
**LAKE CITY FL 32055**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
*161 NW LAKE JEFFERY RD.*

City *LAKE CITY* FL Zip Code *32055*

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]* DATE *01/02/03*

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

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

**10. OFFICERS AND DIRECTORS**

TITLE <b>CEO</b>	<input type="checkbox"/> Delete
NAME <b>CADY, MICHAEL</b>	
STREET ADDRESS <b>101 NORTH SEVENTH STREET</b>	
CITY-ST-ZIP <b>LAKE CITY FL 32055</b>	
TITLE <b>CFO</b>	<input type="checkbox"/> Delete
NAME <b>CADY, JOSHUA</b>	
STREET ADDRESS <b>101 NORTH SEVENTH STREET</b>	
CITY-ST-ZIP <b>LAKE CITY FL 32055</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <i>161 NW LAKE JEFFERY RD.</i>	
CITY-ST-ZIP <i>LAKE CITY FL 32055</i>	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 title empowered.

SIGNATURE: *[Signature]* DATE *01/02/03* DAYTIME PHONE # *3867588342*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (10/02)