2000 UNIFORM BUSINESS REPORT (UBR) 7/ DOCUMENT # P99000072881 Aug 03, 2000 8:00 am Secretary of State CASUAL HOSPITALITY, INC. 07-13-2000 90018 010 \*\*\*150.00 Principal Place of Business Mailing Address 7301 NW 4TH ST., #107 7301 NW 4TH ST., #107 PLANTATION FL 33317 PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional ... 5...Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name **BROWN, BYRON** Street Address (P.O. Box Number is Not Acceptable) 7301 NW 4TH ST., #107 PLANTATION FL 33317 Zip Code City 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 Signature, typed or printed name of registered agent and tipe if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition n TITLE TITLE ☐ Celete **BROWN, BYRON** NAME NAME STREET ADDRESS STREET ADDRESS 7301 NW 4TH ST., #107 CITY-ST-ZIP CITY-ST-ZY PLANTATION FL 33317 IIILE ☐ Change ☐ Addition TITLE Deleta NAME HOY, DON NAME STREET ADDRESS STREET ADDRESS 7301 NW 4TH-8T., #107 CITY-\$T-ZIP CITY-ST-ZIP <u>Plantation FL 33317</u> TILLE Change ☐ Addition TITLE NAME **BROWN, VINNIE** NAME STREET ADDRESS STREET ADDRESS 7301-NW 4TH ST., #107 CITY-ST-ZIP PLANTATION FL 33317 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME Russel STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete TITL F

13. I hereby certify that the information supplied with this filling 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 trusted 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 epipowered.

CITY-ST-ZIP

NAME STREET ADORESS

**SIGNATURE:** 

NAME

STREET ADDRESS City-St-Zip

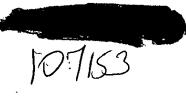
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Total Sales, Inc. 7301 NW 4th St, #107 Plantation, FL 33317 954-583-4011 Phone 954-583-1228 Fax



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