

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Aug 15, 2000 08:00 AM****Secretary of State****DOCUMENT # P99000093346**1. Entity Name  
CASEY-TOONS, INC.

## Principal Place of Business

3816 ELOISE STREET

JACKSONVILLE  
32205

FL

## Mailing Address

3816 ELOISE STREET

JACKSONVILLE  
32205

FL

## 2. Principal Place of Business

3718 HEDRICK STREET

Suite, Apt. #, etc.

## City &amp; State

JACKSONVILLE

FL

Zip  
32205

Country

## 3. Mailing Address

3718 HEDRICK STREET

Suite, Apt. #, etc.

## City &amp; State

JACKSONVILLE

FL

Zip  
32205

Country

## 4. FEI Number

**59-3613570**

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

LEYDON CASEY  
3816 ELOISE STREETJACKSONVILLE  
32205

FL

## 7. Name and Address of New Registered Agent

## Name

LEYDON CASEY

## Street Address (P.O. Box Number is Not Acceptable)

3718 HEDRICK STREET

## City

JACKSONVILLE

**FL**Zip Code  
32205

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

**08/15/2000**

DATE

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, 2000 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 D ☐ Delete  
NAME LEYDON CASEY  
STREET ADDRESS 3816 ELOISE STREET  
CITY-ST-ZIP JACKSONVILLE FL 32205TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME LEYDON CASEY  
STREET ADDRESS 3718 HEDRICK STREET  
CITY-ST-ZIP JACKSONVILLE FL 32205TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Casey Leydon

D

08/15/2000