

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093346

1. Entity Name
CASEY-TOONS, INC.

Principal Place of Business
3718 HEDRICK STREET
JACKSONVILLE FL 32205

Mailing Address
3718 HEDRICK STREET
JACKSONVILLE FL 32205

2. Principal Place of Business
124 TORTUGA LANE
Suite, Apt. #, etc.

3. Mailing Address
3948 SOUTH THIRD ST
Suite, Apt. #, etc.
PMB #288

City & State
PONTE VEDRA BEACH, FL

City & State
JACKSONVILLE BEACH, FL

Zip
32082

Country
ST JOHNS

Zip
32250

Country
DUVAL



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3613570

Applied For
Not Applicable

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

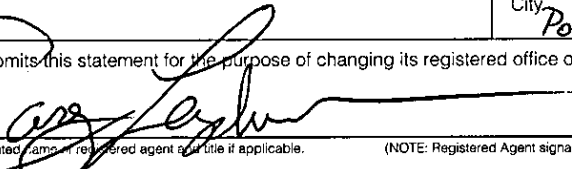
LEYDON, CASEY
3718 HEDRICK STREET
JACKSONVILLE FL 32205

Name

Street Address (P.O. Box Number is Not Acceptable)
124 TORTUGA LANE

City PONTE VEDRA BEACH FL Zip Code 32082

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 04/25/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME LEYDON, CASEY
STREET ADDRESS 3718 HEDRICK STREET
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 124 TORTUGA LANE
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/2001

Date

904 373 0238

Daytime Phone #

CR2E034 (10/00)