

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101604

1. Entity Name
CASASSA CORPORATION

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90027 026 ***150.00

Principal Place of Business
**4280 E TAMiami TRAIL SUITE 204
NAPLES FL 34112**

Mailing Address
**4280 E TAMiami TRAIL SUITE 204
NAPLES FL 34112**

2. Principal Place of Business
2120 McGregor Blvd.

3. Mailing Address
2120 McGregor Blvd.

City & State
Fort Myers, Florida

City & State
Fort Myers, Florida

4. FEI Number **65-0992312**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**CASASSA, MARK
4280 E TAMiami TRAIL SUITE 204
NAPLES FL 34112**

7. Name and Address of New Registered Agent
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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D CASASSA, MARK 4280 E TAMiami TRAIL SUITE 204 NAPLES FL 34112 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-01 941 226-0999

CR2E034 (10/00)