2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 AM
Secretary of State

DOCUMENT# S11989

Entity Name: CAGE INC.

Current Principal Place of Business:

6811 S US 1
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

6811 S US 1
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 65-0245592 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARINELLA, ANHTONY T
120 BANYAN DRIVE
PORT ST. LUCIE, FL 34952

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FARINELLA, ANTHONY T
Address: 120 BANYAN DRIVE
City-St-Zip: PORT ST. LUCIE, FL

Title: VC ( ) Delete
Name: FARINELLA, ERIC,
Address: 7380 GULOTTI PLACE
City-St-Zip: PORT ST. LUCIE, FL

Title: D ( ) Delete
Name: FARINELLA, GAIL,
Address: 7380 GULOTTI PLACE
City-St-Zip: PORT ST. LUCIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VC (X) Change ( ) Addition
Name: FARINELLA, ERIC,
Address: 7111 GULOTTI PLACE
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D (X) Change ( ) Addition
Name: FARINELLA, GAIL,
Address: 7111 GULOTTI PLACE
City-St-Zip: PORT ST. LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL FARINELLA D 04/02/2002

Electronic Signature of Signing Officer or Director Date