2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S11989

Entity Name: CAGE INC.

FILED Mar 31, 2003 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6811 S US PORT ST.	S 1 LUCIE, FL 34	1952			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
6811 S US PORT ST.	S 1 LUCIE, FL 34	1952			
FEI Number	: 65-0245592	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
120 BANY	.A, ANHTONY AN DRIVE LUCIE, FL 34				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
		nic Signature of Registered Age	ent	Date	
Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (FARINELLA, AI 120 BANYAN E PORT ST. LUC	RIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VC (FARINELLA, E 7111 GULOTTI PORT ST. LUC	PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (FARINELLA, G 7111 GULOTTI PORT ST. LUC	PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 03/31/2003