

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State
 02-18-2002 90155 010 ***150.00

DOCUMENT # S16551

1. Entity Name
CAST PRODUCTS, INC.

Principal Place of Business

**286 107 AVE
 UPPER
 ST PETERSBURG FL 33706
 US**

Mailing Address

**286 107 AVE
 UPPER
 ST PETE FL 33706
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3059742

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

**NEUKAMM, JOHN B.
 100 NORTH TAMPA STREET
 STE. 1900
 TAMPA FL 33602**

Name

John B. Neukamm

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

100 South Ashley Drive

Suite 1500

City

Tampa

FL

Zip Code

33602

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]

John B. Neukamm, Registered Agent

1/31/02

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, 2002 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 **DP** ☐ Delete
 NAME **POLAND, DOUG**
 STREET ADDRESS **286-107 AVENUE**
 CITY-ST-ZIP **ST PETERSBURG FL 33706**

TITLE ☒ Change ☐ Addition
 NAME **VP, S. T. D**
 STREET ADDRESS **Poland, Leana**
 CITY-ST-ZIP **286-107 Avenue**
St. Petersburg, FL 33706

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 like empowered.

SIGNATURE:

[Signature] **L. POLAND, SEC. TREASURER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/02 (727) 363-7303

Date Daytime Phone #

CR2E034 (9/01)