

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S39904

1. Entity Name

KASUAL CHARTERS, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90006 019 ***550.00

Principal Place of Business

8828 CANDLEWICK LN
PORT RICHEY FL 34668
US

Mailing Address

8828 CANDLEWICK LN
PORT RICHEY FL 34668-6864
US

2. Principal Place of Business

6611 INDUSTRIAL AVE

3. Mailing Address

6611 INDUSTRIAL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT RICHEY FL

City & State

PORT RICHEY FL

4. FEI Number

59-3057421

Applied For

Not Applicable

Zip

34668

Country

US

Zip

34668

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARINO, JOSEPH
8828 CANDLEWICK LN
PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name

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

138 TRAVEL PARK DR #197

City SPRING HILL

FL

Zip Code 34607

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, 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, 2000 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

TITLE	DPT	<input type="checkbox"/> Delete
NAME	CARINO, JOSEPH	
STREET ADDRESS	8828 CANDLEWICK LN	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	138 TRAVEL PARK DR #197	
CITY-ST-ZIP	SPRING HILL FL 34607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Joseph Carino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05.24.00 (727) 841 8014
Date Daytime Phone #

CR2E034 (9/99)