## 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # V49162** 

CASEY CONSTRUCTION, INC.

Principal Place of Business 1016 RONCE DE LEON BLVD BELLEAIR FL 33756

Mailing Address

1016 RONCE DE-LEON BLVD SUITE 5

BELLEAUR PL 33764-1136

FILED May 16, 2000 8:00 am Secretary of State

05-16-2000 90792 047 \*\*\*158.75

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3. Mailing Address 2411 Seville BIVD 2. Principal Place of Business >//ivsc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. **>U1+C** Applied For 4. FEI Number 59-3131543 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ÜSA Fee Required AZK 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name WETHERINGTON, DONALD D., JR. Street Address (P.O. Box Number is Not Acceptable) 2400 FLINTLOCK DRIVE **CLEARWATER FL 34625** Zip Code statement for the fice or registered agent, or both, in the State of Florida. 8. The above named entitle 2000 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition | ☐ Defete TITLE TITLE NAME NAME Smith. Jeffrey STREET ADDRESS 407 ROEBLING ROAD SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BELLEAIR FL ☐ Change ☐ Delete TITI F TITLE 1789 Stable TRIAL Falm HARBOR, FL 34 NAME NAME WETHERINGTON, DAVID L. STREET ADDRESS STREET ADDRESS 2400 FLINTLOCK DR. CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL** ST ----☐ Delete TITLE TITLE NAME SMITH, KATHLEEN NAME 407 ROEBLING ROAD SOUTH STREET ADDRESS STREET ADDRESS 219-33756 CITY-ST-7IP CITY-ST-ZIP BELLEAIR FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7LP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR