

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 01, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # K50470**

1. Entity Name  
**CASTLE PROPERTIES, U.S.A., INC.**

Principal Place of Business  
 1135 N.W. 23TH AVE  
 SUITE Q  
 GAINESVILLE FL 32609 US

Mailing Address  
 1135 N.W. 23RD AVENUE  
 SUITE Q  
 GAINESVILLE FL 32609 US

2. Principal Place of Business  
 5029 EDGEWATER

3. Mailing Address  
 2125 PINE CREEK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
 APT. 3 - 204

DO NOT WRITE IN THIS SPACE

City & State  
 ORLANDO FL

City & State  
 VERO BEACH, FL

4. FEI Number  
**65-0163011**

Applied For  
 Not Applicable

Zip Country  
 32810 US

Zip Country  
 32966 US

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**

TIFFIN, WILLIAM D.  
 34 NELSONS POINT  
 KEYSTONE HEIGHTS FL 32656 US

Name  
**TIFFIN WILLIAM DMR.**

Street Address (P.O. Box Number is Not Acceptable)  
 2125 PINE CREEK BLVD.  
 APT. 3 - 204

City  
**VERO BEACH FL** Zip Code  
**32966**

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 **WILLIAM D. TIFFIN**

**05/01/2001**

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	TIFFIN, WILLIAM D.	
STREET ADDRESS	34 NELSONS POINT	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	PTSV	<input type="checkbox"/> Delete
NAME	TIFFIN, WILLIAM D.	
STREET ADDRESS	34 NELSONS POINT	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIFFIN, WILLIAM D.	
STREET ADDRESS	2125 PINE CREEK BLVD; APT 3 - 204	
CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE	PTSV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIFFIN, WILLIAM D.	
STREET ADDRESS	2125 PINE CREEK BLVD.; APT. 3- 204	
CITY-ST-ZIP	VERO BEACH FL 32966	
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: **William D. Tiffin**

Mr. **05/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)