

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90033 048 \*\*\*150.00

0854718 SP

**DOCUMENT # P00000076330**

1. Entity Name  
**CASTILLO & CASTILLO MEDIATION, INVESTIGATION & CONSULTING SERVICE, INC.**

Principal Place of Business <b>1158 CHELSEA PARK DR CLERMONT FL 34711</b>	Mailing Address <b>1158 CHELSEA PARK DR CLERMONT FL 34711</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 120362</b> Suite, Apt. #, etc.
City & State	City & State <b>Clermont, FLORIDA</b>
Zip <b>34712-0362</b>	Country <b>USA</b>

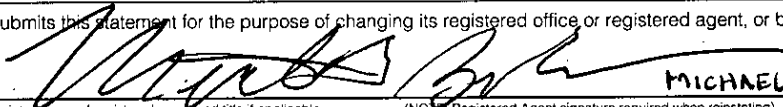
4. FEI Number <b>59-3665363</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ERACLIDES, JOHNS, HALL, GELMAN & EIKNER, L**  
**1200 RIVERPLACE BLVD., SUITE 917**  
**JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name <b>Michael B. Brehne, Esquire</b>
Street Address (P.O. Box Number is Not Acceptable) <b>235 S. Maitland Ave</b>
Suite <b>Suite 204</b>
City <b>MAITLAND</b>
State <b>FL</b>
Zip Code <b>32751</b>

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:  **MICHAEL B. BREHNE ESQ** 4/18/2002  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>CASTILLO, FRANCIS B</b> <b>1158 CHELSEA PARC DR</b> <b>CLERMONT FL 34711</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>CASTILLO, DEBORAH L</b> <b>1158 CHELSEA PARC DR</b> <b>CLERMONT FL 34711</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **FRANCIS B. CASTILLO** 4/29/02 352-394-6929  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)