

# 2002 UNIFORM BUSINESS REPORT (UBR)

03-15-2002 900220351\*\*\*150.00  
P01000117007

0010775 AT

**DOCUMENT # P01000117007**

1. Entity Name  
**CASTLE PAINTING, INC.**

02 JUN -7 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

424816



DO NOT WRITE IN THIS SPACE

|  |         |  |         |
|--|---------|--|---------|
| Principal Place of Business<br><b>23344 LIBERTY BELL TERRACE<br/>BOCA RATON FL 33433</b> |         | Mailing Address<br><b>23344 LIBERTY BELL TERRACE<br/>BOCA RATON FL 33433</b> |         |
| 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 **03-0434888**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RETAMAR, RICHARD E ESQ.  
2424 NORTH FEDERAL HIGHWAY  
SUITE 460  
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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, 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

|                |                                   |                                 |
|----------------|-----------------------------------|---------------------------------|
| TITLE NAME     | <b>D CASTILLO, OSCAR</b>          | <input type="checkbox"/> Delete |
| STREET ADDRESS | <b>23344 LIBERTY BELL TERRACE</b> |                                 |
| CITY-ST-ZIP    | <b>BOCA RATON FL 33433</b>        |                                 |
| TITLE NAME     |                                   | <input type="checkbox"/> Delete |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| TITLE NAME     |                                   | <input type="checkbox"/> Delete |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| TITLE NAME     |                                   | <input type="checkbox"/> Delete |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| TITLE NAME     |                                   | <input type="checkbox"/> Delete |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE NAME     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *Oscar Castillo*

3-3-02 / 56114837091

CR2E034 (9/01)