

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000014445

FILED
Apr 16, 2003
Secretary of State

Entity Name: CASTLE RENOVATIONS, INC.

Current Principal Place of Business:

11230 N.W. 22ND ST.
PLANTATION, FL 33323

New Principal Place of Business:

Current Mailing Address:

11230 N.W. 22ND ST.
PLANTATION, FL 33323

New Mailing Address:

FEI Number: 01-0611906 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKS, JENNIFER
11230 N.W. 22ND ST.
PLANTATION, FL 33323 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HICKS, ROBERT
Address: 11230 N.W. 22ND ST.
City-St-Zip: PLANTATION, FL 33323

Title: VP () Delete
Name: HICKS, DEBORAH
Address: 11230 N.W. 22ND ST.
City-St-Zip: PLANTATION, FL 33323

Title: S () Delete
Name: HICKS, JENNIFER
Address: 11230 N.W. 22ND ST.
City-St-Zip: PLANTATION, FL 33323

Title: T () Delete
Name: KAYE, DONNA
Address: 8820 NW 78 CT.
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT HICKS

P

04/16/2003

Electronic Signature of Signing Officer or Director

_____ Date