

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90208 002 \*\*\*158.75

DOCUMENT # P97000023137

1. Entity Name  
**CASTLE DELEON INC.**

Principal Place of Business 542 BAY STREET DUNEDIN FL 64398 US	Mailing Address 542 BAY STREET DUNEDIN FL 34698-6523 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2041 LAKEWOOD DR</b> Suite, Apt. #, etc.	3. Mailing Address <b>2041 LAKEWOOD DR</b> Suite, Apt. #, etc.
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City & State <b>DUNEDIN, FLORIDA</b>	City & State <b>DUNEDIN FLORIDA</b>	4. FEI Number <b>59-3432686</b>	Applied For <input type="checkbox"/>
Zip <b>34698</b>	Country <b>US</b>	Zip <b>34698</b>	Country <b>US</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**MOSS, DELEON DEBRA**  
**544 BAY STREET**  
**DUNEDIN FL 34698**

7. Name and Address of New Registered Agent  
 Name **MOSS, DELEON DEBRA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2041 LAKEWOOD DR**  
 City **DUNEDIN** FL Zip Code **34698**

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 *Debra DeLeon Moss* (P) DATE **25 April 2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 <b>P</b>	<input type="checkbox"/> Delete
NAME <b>MOSS, DEBRA DELEON</b>	
STREET ADDRESS <b>544 BAY STREET</b>	
CITY-ST-ZIP <b>DUNEDIN FL 34698</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>ALDERMAN, CHERYL A</b>	
STREET ADDRESS <b>2702 WHITNEY ROAD</b>	
CITY-ST-ZIP <b>CLEARWATER FL 33760</b>	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MOSS, DEBRA DELEON</b>	
STREET ADDRESS <b>2041 LAKEWOOD DR</b>	
CITY-ST-ZIP <b>DUNEDIN FLORIDA 34698</b>	
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: *Debra DeLeon Moss* DATE: **25 April 2000** DAYTIME PHONE #: **727-736-8186**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)