

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 20, 2000 8:00 am
Secretary of State

05-19-2000 90060 037 ***150.00

DOCUMENT # P99000068223

1. Entity Name
CASTLEROCK HOMES, INC.

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Principal Place of Business Mailing Address
 1227 S. PATRICK DR. 1227 S. PATRICK DR.
 SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937-3956

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. *SAME* Suite, Apt. #, etc. *SAME*

City & State City & State 4. FEI Number *59-3590014* Applied For Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
KLINGLESMTIH, WILLIAM A
403 HWY A1A #211
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent
 Name *WILLIAM KLINGLESMTIH*
 Street Address (P.O. Box Number is Not Acceptable) *403 HWY A1A #211*
 City *SATELLITE BEACH* FL Zip Code *32937*

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 _____ (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. **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 NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> <i>WILLIAM KLINGLESMTIH</i> <i>403 HWY A1A #211</i> <i>SATELLITE BEACH, FL 32937</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VICE PRESIDENT</i> <i>(SAME AS ABOVE)</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SECRETARY</i> <i>(SAME AS ABOVE)</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TREASURER</i> <i>(SAME AS ABOVE)</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* Date *5/1/00* Daytime Phone # *321-773-6673*

CR2E034 (9/99)