

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # 172991**1. Entity Name
CASTLE SUPPLY COMPANY, INC.

Principal Place of Business

6365 - 53RD STREET NORTH
P. O. BOX 357
PINELLAS PARK
33780

FL

US

Mailing Address

6365 - 53RD STREET NORTH
P. O. BOX 357
PINELLAS PARK
33780

FL

US

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

59-0690179

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WHITE, JOSEPH C.
6365 53RD ST NPINELLAS PARK
34664

FL

US

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)

01/25/2001

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, 2001 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	VP	<input type="checkbox"/> Delete
NAME	CARDWELL, ROBERT M.	
STREET ADDRESS	7313 HIDEAWAY TRAIL	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LANGAN, JAN	
STREET ADDRESS	645 S VILLA GRANDE AVE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STERN ROBERT N	
STREET ADDRESS	1800 KALURNA COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE JOANN	
STREET ADDRESS	10750 SPRING ST	
CITY-ST-ZIP	LARGO FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WHITE, ROSEMARY A	
STREET ADDRESS	13300 INDIAN ROCKS RD	
CITY-ST-ZIP	LARGO, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WHITE, JOSEPH C.	
STREET ADDRESS	10750 SPRING ST.	
CITY-ST-ZIP	LARGO FL	

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	
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: JOSEPH C. WHITE

PD

01/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)