

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90563 028 ***150.00

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DOCUMENT # 349487

1. Entity Name
CASTLE ENTERPRISES INC



Principal Place of Business
**9010 NW 21ST ST.
PEMBROKE PINES FL 33024**

Mailing Address
**PO BOX 841226
PEMBROKE PINES FL 33084
US**



2. Principal Place of Business
8260 PASADENA BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Pembroke Pines, FL

City & State

4. FEI Number **59-1306516**

Applied For
☐ Not Applicable

Zip **33024** Country **USA**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STAPP, TERRY L
9010 NW 21 ST
PEMBROKE PINES FL 33024**

Name **STAPP, TERRY L**
Street Address (P.O. Box Number is Not Acceptable)
8260 PASADENA BLVD.
City **Pembroke Pines FL** Zip Code **33024**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	WRIGHT, WILLIAM J.	
STREET ADDRESS	5063 S.W. 27 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PRATT, LACY	
STREET ADDRESS	2400 CHELSEA STREET	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STAPP, WILLIAM G	
STREET ADDRESS	1449 N W 8TH STREET	
CITY-ST-ZIP	DANIA BEACH FL 33004	
TITLE	STD	<input type="checkbox"/> Delete
NAME	STAPP, TERRY L	
STREET ADDRESS	9010 N.W. 21 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRATT, LACY	
STREET ADDRESS	2400 CHELSEA ST.	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAPP, TERRY L.	
STREET ADDRESS	8260 PASADENA BLVD.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED TERRY L STAPP** **1/16/03** **954-432-8165**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)