

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2002 8:00 am**  
**Secretary of State**

02-27-2002 90041 006 \*\*\*150.00

**DOCUMENT # 841549**

1. Entity Name  
**CASTLEWOOD REALTY COMPANY, INC.**

Principal Place of Business

**204 E. JOPPA RD.  
 # 5  
 TOWSON MD 21286  
 US**

Mailing Address

**204 E. JOPPA RD.  
 # 5  
 TOWSON MD 21286  
 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 **52-0816320**

Applied For  
 Not Applicable

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

**MCMANUS, PETER D.  
 4486 SW BIMINI CIRCLES SOUTH  
 PALM CITY FL 34990**

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) 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, 2002 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	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>MCMANUS, WALTER L. JR.</b>	
STREET ADDRESS	<b>204 E JOPPA RD PH # 5</b>	
CITY-ST-ZIP	<b>TOWSON MD 21286</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MCMANUS, PETER D</b>	
STREET ADDRESS	<b>4486 SW BIMINI CIRCLE SOUTH</b>	
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>VEDROS, SUSAN M</b>	
STREET ADDRESS	<b>204 E JOPPA ROAD, PH 5</b>	
CITY-ST-ZIP	<b>TOWSON MD 21286</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Walter L. Jr. McManus* 2/27/02 410-825-7737  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)