

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State
 05-16-2002 90083 049 ***150.00

DOCUMENT # F00000001170

1. Entity Name
CENTRAL CASTING, INC.

Principal Place of Business Mailing Address
4132 SOUTH RAINBOW BLVD., STE 508 **4132 SOUTH RAINBOW BLVD., STE 508**
LAS VEGAS NV 89103-3106 **LAS VEGAS NV 89103-3106**

2. Principal Place of Business 3. Mailing Address
4132 South Rainbow Blvd. **4132 South Rainbow Blvd.**

Suite, Apt. #, etc. Suite, Apt. #, etc.
P.O. Box 508 **P.O. Box 508**

City & State City & State
Las Vegas NV **Las Vegas NV**
 Zip Country Zip Country
89103-3106 **US** **89103-3106** **US**

4. FEI Number **88-0394190** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SELIS, MARK
3124 HOLIDAY AVENUE
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name **Chris Lambrechts**
 Street Address (P.O. Box Number is Not Acceptable)
11737 N.W. 5th Street
 City **Plantation** **FL** Zip Code **33325**

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 **CHRIS LAMBRECHTS - Chris Lambrechts** **4/24/02**
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HOGAN JR, JOHN F 4132 SOUTH RAINBOW BLVD., STE 508 LAS VEGAS NV <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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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: **JOHN F. HOGAN, JR.**
 Signature and typed or printed name of signing officer or director

4/24/02 508-771-1835
 Date Daytime Phone #

CR2E034 (9/01)