

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90160 035 ***150.00

DOCUMENT # F13416

1. Entity Name
CASTLRAMA CORP.



Principal Place of Business
**10770 PINE TREE TERR.
BOYNTON BCH. FL 33436
US**

Mailing Address
**C/O C.M. CULHANE
P. O. BOX 849
JAMESTOWN NY 14702-0849
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 **58-1443948**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BEST, MAUREEN ANN
10793 SANTA LAGUNA DR
BOCA RATON FL 33428**

7. Name and Address of New Registered Agent

Name
MAUREEN A. VAILLANCOURT
Street Address (P.O. Box Number is Not Acceptable)
**10760 HAYDN DR
BOCA RATON FL 33498**
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. 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

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 **P** ☐ Delete
NAME **MARTIN, JOHN L.**
STREET ADDRESS **10770 PINE TREE TERRACE**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **MARTIN, EUNICE S.**
STREET ADDRESS **10770 PINE TREE TERRACE**
CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **MARTIN, JOHN L. JR.**
STREET ADDRESS **WELLINGTON COURT W.E.**
CITY-ST-ZIP **JAMESTOWN NY**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **BEST, MAUREEN A.**
STREET ADDRESS **10793 SANTA LAGUNA DR**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☒ Change ☐ Addition
NAME **VAILLANCOURT, MAUREEN A.**
STREET ADDRESS **10760 HAYDN DR**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **AS** ☐ Delete
NAME **WARNER, JANET**
STREET ADDRESS **2044 ALLEN STREET**
CITY-ST-ZIP **FALCONER NY**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANET M. WARNER

Date **1/15/03** Daytime Phone # **(716) 665-4180**

CR2E034 (10/02)