## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jul 01, 2000 08:00 AM DOCUMENT # K22005 1. Entity Name **Secretary of State** CASTLENORTH CORPORATION Principal Place of Business Mailing Address 2141 W. CHURCH ST. 2141 W. CHURCH ST. ORLANDO FL ORLANDO FL 32805 32805 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2886110 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 2141 W. CHURCH ST. Street Address (P.O. Box Number is Not Acceptable) ORLANDO $\mathbf{FL}$ 32805 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. 07/01/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Detete ☐ Change ☐ Addition WHITE, JOSEPH NAME STREET ADDRESS 6365 53RD STREET, N. STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FLCITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STERN, BORIS NAME STREET ADDRESS 3106 LAKE ELLEN DRIVE STREET ADDRESS CITY-ST-ZIF TAMPA FI. CITY-ST-718 TITLE ☐ Deiete TILE ☐ Change ☐ Addition NAME THOMAS, JOHN NAME STREET ADDRESS 1041 N.E. 16TH STREET STREET ADDRESS CITY-ST-ZIP OCALA CITY-ST-ZIP TITLE ☐ Defete VP TITLE ☐ Change ☐ Addition NAME MARSHALL TERRY NAME STREET ADDRESS 2141 W. CHURCH ST STREET ADDRESS CITY-ST-ZIP ORLANDO FL, CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME MASHALL TERRY STREET ADDRESS 2141 W. CHURCH ST STREET ADDRESS CITY-ST-ZIP ORLANDO FLCITY-ST-ZIP TITLE PDT TITLE ☐ Delete Change ☐ Addition NAME STERN, ROBERT N. NAME STREET ADDRESS 2141 W. CHURCH ST. STREET ADDRESS CITY-ST-ZIP ORLANDO 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.

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