

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # K50470**1. Entity Name
CASTLE PROPERTIES, U.S.A., INC.Principal Place of Business
1135 N.W. 23TH AVE
SUITE Q
GAINESVILLE FL 32609
USMailing Address
1135 N.W. 23RD AVENUE
SUITE Q
GAINESVILLE FL 32609
US2. Principal Place of Business
5029 EDGEWATER3. Mailing Address
2125 PINE CREEK BLVD
APT. 3 - 204

Suite, Apt. #, etc.

Suite, Apt. #, etc.
APT. 3 - 204City & State
ORLANDO FLCity & State
VERO BEACH, FLZip Country
32810 USZip Country
32966 US4. FEI Number
65-0163011Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentTIFFIN, WILLIAM D.
34 NELSONS POINT

KEYSTONE HEIGHTS FL 32656
US**7. Name and Address of New Registered Agent**Name
TIFFIN WILLIAM DMR.
Street Address (P.O. Box Number is Not Acceptable)
2125 PINE CREEK BLVD.
APT. 3 - 204
City
VERO BEACH FL Zip Code
32966

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 **WILLIAM D. TIFFIN****05/01/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	TIFFIN, WILLIAM D.	
STREET ADDRESS	34 NELSONS POINT	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	PTSV	<input type="checkbox"/> Delete
NAME	TIFFIN, WILLIAM D.	
STREET ADDRESS	34 NELSONS POINT	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TIFFIN, WILLIAM D.		
STREET ADDRESS	2125 PINE CREEK BLVD; APT 3 - 204		
CITY-ST-ZIP	VERO BEACH, FL 32966		
TITLE	PTSV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TIFFIN, WILLIAM D.		
STREET ADDRESS	2125 PINE CREEK BLVD.; APT. 3- 204		
CITY-ST-ZIP	VERO BEACH FL 32966		
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			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
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: William D. Tiffin

Mr. 05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)