

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90583 037 \*\*\*\*50.00

DOCUMENT # L01000011215

1. Entity Name

CASTLES CONSTRUCTION AND DEVELOPMENT, LLC

Principal Place of Business

18950 JOG ROAD, STE 102  
DELRAY BEACH FL 33446

Mailing Address

18950 JOG ROAD, STE 102  
DELRAY BEACH FL 33446

34607 00000

2. Principal Place of Business

219 N. DIXIE HIGHWAY

Suite, Apt. #, etc.

3. Mailing Address

219 N. DIXIE HIGHWAY

Suite, Apt. #, etc.

City &amp; State

LAKE WORTH, FL

City &amp; State

LAKE WORTH, FL 33460

Zip

33460

Country

USA

Zip

33460

Country

USA

4. FEI Number

65-1149953

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, JAMES F

18950 JOG RD STE 102  
DELRAY BEACH FL 33446219 N. DIXIE HIGHWAY  
LAKE WORTH, FL  
33460

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRINCIPAL JAMES F. MILLER 219 N. DIXIE HIGHWAY LAKE WORTH, FL 33460	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CP2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-29-02 561-547-1932

Date

Daytime Phone #