2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2001 8:00 am
Secretary of State
05-19-2001 90273 003 ***150.00

A0062248

DO NOT WRITE IN THIS SPACE

DOCUMENT # L22434

1. Entity Name
Country Castle Contractors, Inc.

Principal Place of Business	Mailing Address
741 FRONT ST. #320, Celebration, Fl 34747 [illegible] 33880 US	PO BOX 770249 Orlando, Fl 32877-0249

2. Principal Place of Business	3. Mailing Address
3547 Recker Hwy.	3547 Recker Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven, FL	City & State: Winter HAven, FL
Zip: 33880 — Country: USA	Zip: 33880 — Country: USA

4. FEI Number: 59 2981453 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTIN, Mirtha V 120 International PKwy #220 Lake MARY, Fl. 32746 US	Name: MARTIN, Mirtha V Street Address (P.O. Box Number is Not Acceptable): 1321 Arbor Vista Loop #7-125 City: LAke MARY FL Zip Code: 32746

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

[redacted]

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO Villacampa, Alcides A 470906 Po Box Celebration, Fl 34747-0906 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO Villacampa, Alcides A 3547 Recker Hwy Winter Haven, Fl 33880 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS Villacampa, Bonnie PO Box 470906 Celebration, Fl 34747-0906 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS Villacampa, Bonnie 3547 Recker Hwy Winter Haven, Fl 33880 ☐ Change ☐ Addition
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CR2E034 (11/00)

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: [signature] VP Bonnie Villacampa 4/25/01 8632989883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #