

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90361 001 \*\*\*900.00

**DOCUMENT # M91043**

1. Entity Name

**CASTLEWOOD ADVERTISING AGENCY, INC.**

Principal Place of Business

**C/O GERMAINE M. BELL  
 2841 CYPRESS CREEK ROAD  
 FT. LAUDERDALE FL 33309**

Mailing Address

**C/O GERMAINE M. BELL  
 2841 CYPRESS CREEK ROAD  
 FT. LAUDERDALE FL 33309**

2. Principal Place of Business

**5059 N.E. 18th AVENUE**

3. Mailing Address

**5059 N.E. 18th AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FT. LAUDERDALE FL**

City & State

**FT. LAUDERDALE FL**

Zip

Country

**33334**

**BROWARD**

Zip

Country

**33334**

**BROWARD**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KASTNER, JEFFREY D  
 2841 CYPRESS CREEK ROAD  
 FT. LAUDERDALE FL 33349**

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

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 State**

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 **DV** ☐ Delete  
 NAME **PATTON, WILLIAM**  
 STREET ADDRESS **2841 CYPRESS CREEK RD.**  
 CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE **DCP** ☐ Delete  
 NAME **FLANIGAN, JOEPH**  
 STREET ADDRESS **2841 CYPRESS CREEK RD**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **DOXEY, EDWARD A.**  
 STREET ADDRESS **5059 N.E. 18th AVENUE**  
 CITY-ST-ZIP **FT. LAUDERDALE FL 33334**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EDWARD A. DOXEY**

4/17/01  
 Date

(954) 377-1961  
 Office Phone

CR2E034 (10/00)