

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M91043

1. Entity Name
CASTLEWOOD ADVERTISING AGENCY, INC.



FILED

03 MAR 10 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
5059 NE 18TH AVENUE
FORT LAUDERDALE FL 33334

Mailing Address
5059 NE 18TH AVENUE
FORT LAUDERDALE FL 33334

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0060617

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

KASTNER, JEFFREY D

~~2841 CYPRESS CREEK ROAD~~

FT. LAUDERDALE FL ~~33319~~

5059 NE 18th Avenue
Ft. Lauderdale, FL
33334

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5059 N E 18th Avenue
CITY-ST-ZIP Fort Lauderdale, FL 33334

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5059 N E 18th Avenue
CITY-ST-ZIP Fort Lauderdale, FL 33334

TITLE ☐ Delete
NAME T
STREET ADDRESS DOXEY, EDWARD A
CITY-ST-ZIP 5059 NE 18TH AVENUE
FORT LAUDERDALE FL 33334

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/03

954-377-1961

Date

Daytime Phone #

CR25034 (10/02)