

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N45294**

1. Entity Name:

CASTELLO PROFESSIONAL CENTER, INC.**FILED****Apr 18, 2002 8:00 am**
Secretary of State

04-18-2002 90488 010 ****61.25

Principal Place of Business

**1044 CASTELLO DRIVE
NAPLES FL 34103
US**

Mailing Address

**1044 CASTELLO DRIVE
SUITE 206
NAPLES FL 34103
US**

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

65-0296910

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**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**SOUTHWEST PROPERTY MANAGEMENT CORP
1044 CASTELLO DRIVE
SUITE 206
NAPLES FL 34103**

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **ALDREDGE, NOREEN**
CITY-ST-ZIP **1044 CASTELLO DR 213**
NAPLES FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VD**
STREET ADDRESS **LINTZENICH, DONALD**
CITY-ST-ZIP **1044 CASTELLO DR #109**
NAPLES FL 34103TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **STD**
STREET ADDRESS **WILLIAMS, STEPHEN E**
CITY-ST-ZIP **1044 CASTELLO DR #206**
NAPLES FL 34103TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **KLEIN, BURKHARD**
CITY-ST-ZIP **1044 CASTELLO DR 3103**
NAPLES FL 34103TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **COUCH, DECK**
CITY-ST-ZIP **1044 CASTELLO DR #201**
NAPLES FL 34103TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 617, 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:**REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/02**239-261-3440**

CR2E037 (9/01)