2002 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2002 8:00 am Secretary of State DOCUMENT # N9300001322 03-29-2002 90373 001 ***122.50 CASTLE OPPORTUNITIES, INC. Mailing Address Principal Place of Business 24960 1130 94TH AVE N 1130 94TH AVE N ST PETERSBURG FL 33702 ST PETERSBURG FL 33702 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3178944 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) DOOK, MICHAEL L 130 94TH AVE N PETERSBURG FL 33702 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to \$5.00 May Be Election Campaign Financing FILE NOW: FEE IS \$61.25 Department of State Added to Fees Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. ☐ Addition 90 Change TITLE Delete TITLE NAME COOK, MICHAEL L NAME CR2E037 STREET ADDRESS 1130 94TH AVE N STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ST PETERSBURG FL 33702 ☐ Addition ☐ Change **Delete** TITLE TITLE NAME MINDER, JIM NAME STREET ADDRESS STREET ADDRESS 3227 C 39TH ST S CITY-ST-ZIP SAINT PETERSBURG FL 33711 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME -SILVALEA, REUST -NAME STREET ADDRESS 1400 DEARY BLVD #504 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33702 Change Addition TITLE 🖊 Delete TITLE NAME HUMBURG, JACK NAME STREET ADDRESS 839 13TH AVE N STREET ADDRESS CITY-ST-ZiP SAINT PETERSBURG FL 33701 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

FILED

3/29/