

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000261

1. Entity Name

ARDMAR, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90234 021 ****61.25

Principal Place of Business

6914 SW 53 AVE
GAINESVILLE FL 32608-4520

Mailing Address

6914 SW 53 AVE
GAINESVILLE FL 32608-4520

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

59-3465933

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

CASTERLINE, RICHARD PAUL
6914 S.W. 53RD AVENUE
GAINESVILLE FL 32608-4520

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

FILE NOW:
FEE IS \$61.25

9. 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
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
CASTERLINE, RICHARD PAUL
6914 S.W. 53RD AVENUE
GAINESVILLE FL 32608-4520 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
CASTERLINE, MARYLN B
6914 S.W. 53RD AVENUE
GAINESVILLE FL 32608-4520 ☐ Delete

TITLE
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CITY - ST - ZIP
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D
CORNWELL, DANNY
6914 S.W. 53RD AVENUE
GAINESVILLE FL 32608-4520 ☐ Delete

TITLE
NAME
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CITY - ST - ZIP
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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:

Richard Paul Casterline
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 16, 2000
Date

(352) 377-9479
Daytime Phone #

CR2E037 (9/99)