

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90575 011 ***150.00

DOCUMENT # P00000014683

1. Entity Name
CASTLE LIMITED.COM, INC.

Principal Place of Business
3335 PINEWALK DRIVE N., SUITE 103
MARGATE FL 33063

Mailing Address
3335 PINEWALK DRIVE N., SUITE 103
MARGATE FL 33063



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
12309 N.W. 26 ST.
 Suite, Apt. #, etc.

3. Mailing Address
12309 N.W. 26 ST.
 Suite, Apt. #, etc.

City & State
CORAL SPRINGS, FL
 Zip Country
33065 USA

4. FEI Number **65-0983631** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MINTZ, ROSLYN
3335 PINEWALK DRIVE N., SUITE 103
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name
CASTLE, ROSLYN (MINTZ)
 Street Address (P.O. Box Number is Not Acceptable)
12309 N.W. 26 ST.
 City
CORAL SPRINGS, FL Zip Code
33065

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 **Roslyn Castle (Mintz), PRES** DATE **4/22/02**
(Signature) (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE **PSD** ☐ Delete
 NAME **MINTZ, ROSLYN**
 STREET ADDRESS **3335 PINEWALK DRIVE N., SUITE 103**
 CITY-ST-ZIP **MARGATE FL 33063**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **CASTLE, ROSLYN**
 STREET ADDRESS **12309 N.W. 26 ST.**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

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

TITLE ☐ Change ☐ Addition
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 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 other like empowered.

SIGNATURE: **Roslyn Castle (Mintz) Pres** DATE **4/22/02**
(Signature) (NOTE: Registered Agent signature required when reinstating)

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)