

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022681

1. Entity Name

NEW CASTLE DEVELOPMENTS INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90338 007 ***150.00

Principal Place of Business

1503 57TH AVE. WEST
BRADENTON FL 34207

Mailing Address

1503 57TH AVE. WEST
BRADENTON FL 34207

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

65-0986612

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

CZERWINSKI, YOLANDA M
4308 MEADOWLAND CIRCLE
SARASOTA FL 34233

Name

KATHRYN CLARK

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

1503 57th AVE WEST

City

BRADENTON

Zip Code

34207

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

Kathryn Clark

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/01

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PRESIDENT
NAME: JOHN THOMAS CLARK
STREET ADDRESS: 1503 57th AVE W
CITY-ST-ZIP: BRADENTON FL 34207 ☐ Delete

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

TITLE: VICE PRESIDENT
NAME: ~~JOHN THOMAS~~ KATHRYN CLARK
STREET ADDRESS: 1503 57th AVE WEST
CITY-ST-ZIP: BRADENTON FL 34207 ☐ Delete

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

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

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:

Kathryn Clark - K CLARK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

(941) 756 4659

Daytime Phone #

CR2E034 (10/00)