

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 14, 2001 8:00 am  
Secretary of State

04-14-2001 90024 001 \*\*\*150.00

0621179

DOCUMENT # P00000040566

1. Entity Name

CASTINGBYTES, INC.

Principal Place of Business

Mailing Address

P O BOX 3436  
SEMINOLE FL 33775

P O BOX 3436  
SEMINOLE FL 33775

943300

2. Principal Place of Business

P.O. Box 4338  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4338  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Seminole FL  
33775

City & State

Seminole FL  
33775 Pinellas

4. FFL Number

59-3640866

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, BRIAN E  
7190 SEMINOLE BLVD  
SEMINOLE FL 33772

7. Name and Address of New Registered Agent

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
PTD O'NEILL, CYNTHIA L  
P O BOX 3436  
SEMINOLE FL 33775 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
VSD SINDLER, PAMELA R  
P O BOX 3436  
SEMINOLE FL 33775 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
P.O. Box 4338  
Seminole FL 33775 ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
P.O. Box 4338  
Seminole FL 33775 ☒ Change ☐ Addition

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TITLE NAME STREET ADDRESS 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:

Cynthia L. O'Neill, President

4/1/01

(727) 320-8995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)