

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90303 007 ***150.00

DOCUMENT # P00000089787

1. Entity Name
CASTILLO'S METAL FRAME & DRYWALL, INC.



Principal Place of Business
205 ELM LANE New Address
TAMPA FL 33610
10031 Linda ST
Gibson ton FL 33534

Mailing Address
P.O. BOX 748
MANGO FL 33550
10031 Linda ST
Gibson ton FL 33534

60007244



2. Principal Place of Business
10031 Linda ST
Suite, Apt. #, etc.

3. Mailing Address
10031 Linda ST
Suite, Apt. #, etc.
Gibson ton FL

☒ CHECK HERE IF MAKING CHANGES

City & State
Gibson ton FL
Zip
33534 Country
Hillsborough

City & State
33534
Zip
Hillsborough

4. FEI Number **59-3670809**

☒ 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

RIVAS, JULIO C
205 ELM LANE New Address
TAMPA FL 33610
10031 Linda ST
Gibson ton FL 33534

Name
Julio C Rivas
Street Address (P.O. Box Number is Not Acceptable)
10031 Linda ST
City
Gibson ton FL Zip Code
33534

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **1-11-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVAS, JULIO C <input type="checkbox"/> Delete 205 ELM LANE 10031 Linda ST TAMPA FL 33610 Gibson ton FL 33534
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-11-03** Daytime Phone #

CR2E034 (10/02)