

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90314 050 ***150.00

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1. Entity Name
CASTLEROCK HOME IMPROVEMENTS, INC.



Principal Place of Business
**8704 BEAVER LANE
PORT RICHEY FL 34668**

Mailing Address
**8704 BEAVER LANE
PORT RICHEY FL 34668**



2. Principal Place of Business

3259 Fox Chase Circle North #208
Suite, Apt. #, etc.
#208

3. Mailing Address

3259 Fox Chase Circle North #208
Suite, Apt. #, etc.
#208

☒ CHECK HERE IF MAKING CHANGES

City & State

Palm Harbor FL

City & State

Palm Harbor, FL

4. FEI Number **59-3685550**

Applied For

Not Applicable

Zip

34683

Country

USA

Zip

34683

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**MORRISON, ROCHELLE
8704 BEAVER LANE
PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent

Name **Kevin Morrison - President**

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

3259 Fox Chase Circle North #208

City

Palm Harbor

FL

Zip Code

34683

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 **Kevin Morrison President** **4/17/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **D** ☐ Delete
NAME **MORRISON, KEVIN D**
STREET ADDRESS **8704 BEAVER LANE**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **D** ☒ Delete
NAME **MORRISON, ROCHELLE**
STREET ADDRESS **8704 BEAVER LANE**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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NAME
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CITY-ST-ZIP

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

4/17/03

Date

727-542-7770

Daytime Phone #

CR2E034 (10/02)