

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-13-2002 90074 047 ***150.00

DOCUMENT # **P01000037712** ✓

1. Entity Name

CASTLE AVALON, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.
6160 N. Lockwood Ridge Rd.

3. Mailing Address

Suite, Apt. #, etc.
6160 N. Lockwood Ridge Rd. #402City & State
Sarasota, Fl.City & State
Sarasota, Fl.Zip
34243Country
USAZip
34243Country
USA4. FEI Number
65-1094652

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name Dennis L. Coker
Street Address (P.O. Box Number is Not Acceptable) 6160 N. Lockwood Ridge #402City Sarasota Fl. FL Zip Code 34243**DO NOT WRITE IN THIS SPACE**

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 Dennis Coker, President

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

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$81.25
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 P
NAME Dennis Coker
STREET ADDRESS 6160 N. Lockwood Ridge Rd. #402
CITY-ST-ZIP Sarasota, Fl. 34243

TITLE TS
NAME Susan Brooks
STREET ADDRESS 6160 N. Lockwood Ridge Rd. #402
CITY-ST-ZIP Sarasota, Fl. 34243

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Dennis L. Coker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 941-359-9151

Daytime Phone #

CR2E034B (12/01)