

5/14/

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

05-14-2002 90359 023 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 01000053540

1. Entity Name

CASTLES BY THE SEA, II, INC.

DO NOT WRITE IN THIS SPACE

91202

2. Principal Place of Business

219 N. DIXIE HIGHWAY

3. Mailing Address

219 N. DIXIE HIGHWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LAKE WORTH, FLCity & State
LAKE WORTH, FL

FBI Number

109-0010989

Applied For

Not Applicable

Zip
33460Country
USAZip
33460

Country

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

7. Name and Address of Current Registered Agent

Name

JAMES F. MILLER

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

219 N. DIXIE HIGHWAY

City

LAKE WORTH

FL

Zip Code

33460

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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 date if applicable.

(NOTE: Registered Agent signature required when enclosing)

DATE

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

January 1st Fee is \$150.00
 After May 1st Fee is \$350.00
 Amended UBR is \$61.25
 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
NAME
STREET ADDRESS
CITY- ST- ZIP
PRESIDENT
JAMES F. MILLER
219 N. DIXIE HIGHWAY
LAKE WORTH, FL 33460

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-02 561-547-1932

CR2E034B (12/01)