

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90241 001 *****8.75
05-20-2002 90241 002 ***150.00

DOCUMENT # P01000072354

1. Entity Name

Castle Systems Inc ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

621 N.W. 6th AVE

3. Mailing Address

887 Petunia Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale FL

City & State

Plantation FL

4. FEI Number

65-1126530

Applied For

Not Applicable

Zip

33311

Country

Broward/USA

Zip

33317

Country

Broward/USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Steven Bohn

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

887 Petunia Drive

City

Plantation

FL

Zip Code

33317

**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

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

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	P. V. T. S. Steven Bohn 887 Petunia Dr Plantation FL
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**DO NOT WRITE
IN THIS SPACE**

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: Steven Bohn Steven Bohn 4-29-02 954-684-9924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #