

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

04-02-2002 90858 022 ***150.00

DOCUMENT # PO1000077264
1. Entity Name
CASTAWAY YACHT SALES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4520 LAND O' LAKES BLVD
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 955
Suite, Apt. #, etc.

City & State
LAND O' LAKES FL

City & State
LAND O' LAKES FL

4. FEI Number
59-3736578
Applied For
Not Applicable

Zip
34639
Country
USA

Zip
34639
Country
USA

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

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
LAWRENCE CASTRO

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

14704 LAKE MAGDALENE CIR

City
TAMPA FL Zip Code
33613

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
CASTRO, LAWRENCE R. (PRES)
14704 LAKE MAGDALENE DR
TAMPA FL 33613

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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)(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: Lawrence R. Castro President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-02
Date

813-995-0811
813-962-6124
Daytime Phone #

CR2E034B (12/01)