

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2003 8:00 am
Secretary of State

07-09-2003 90032 037 ***150.00

DOCUMENT # P02000023127

1. Entity Name
CASTLES OF JACKSONVILLE, INC.



Principal Place of Business
1610 N. MAIN ST.
JACKSONVILLE FL 32206

Mailing Address
1610 N. MAIN ST.
JACKSONVILLE FL 32206

2. Principal Place of Business
1837 N. PEARL ST.
Suite, Apt. #, etc.

3. Mailing Address
1837 N. PEARL ST.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
JACKSONVILLE FL
Zip
32206
Country
USA

City & State
JACKSONVILLE, FL
Zip
32206
Country
USA

4. FEI Number
27 000 4958
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARKUSIC, JOSEPH J
1610 N. MAIN ST.
JACKSONVILLE FL 32206

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1837 N. PEARL ST
City JACKSONVILLE FL Zip Code 32206

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 Joseph J. Markusic, Pres. 7/3/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D MARKUSIC, JOSEPH J 1624 N. PEARL ST. JACKSONVILLE FL 32206	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEARY, ROBERT P 231 E. 7TH ST. JACKSONVILLE FL 32206	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLORIA F. DEJALL 343 WEST 7TH ST. JACKSONVILLE, FL 32206	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joseph J. Markusic 7/3/03 3542578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone.#

CR2E034 (4/03)

Attachment

90140914

#P00000023127

Castles of Jacksonville, Inc.

1837 N. Pearl Street

Jacksonville, FL 32206

Ph: 904-354-2578 Fax: 904-354-2871

E-Mail: CASJAX@AOL.COM

July 3, 2003

Florida Department of State
Secretary of State
Division of Corporations
Tallahassee, Florida

To Whom it may concern;

Please accept this letter as notice that Castles of Jacksonville, Inc. did not receive any prior notice regarding the Uniform Business Report Filing. We respectfully request that the late fee be waived. The proper form and original filing fee are attached as required.

Sincerely,



Joseph J Markusic
President