

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90719 032 ***150.00

DOCUMENT # P02000031434

1. Entity Name
CASTLE FFRENCH CO.



Principal Place of Business
**1208 JARINE WAY APT G1
NORTH PALM BEACH FL 33408**

Mailing Address
**1208 JARINE WAY APT G1
NORTH PALM BEACH FL 33408**

2. Principal Place of Business
1208 Marine Way

3. Mailing Address
1208 Marine Way

Suite, Apt. #, etc.
Unit G-1

Suite, Apt. #, etc.
Unit G-1

City & State
North Palm Beach, FL

City & State
North Palm Beach, FL

Zip Country
33408 USA

Zip Country
33408 USA

4. FEI Number
02-0580725

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SAPIR, M RICHARD
C/O KAYE SCHOLER LLP
777 S FLGLER DR STE 900 WEST TOWER
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name
William M Bagliani
Street Address (P.O. Box Number is Not Acceptable)
1208 Marine Way
Unit G-1
City
North Palm Beach FL 33408

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 **William Bagliani, President** 3/14/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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	President William M Bagliani 1208 Marine Way, Unit G-1 North Palm Beach, FL 33408 <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
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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: SIGNATURE REQUIRED William Bagliani 3/14/03 561-626-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)