FILED
Jun 16, 2003 8:00 am
Secretary of State
06-16-2003 90149 004 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000079356

1. Entity Name

CASTRO & CASTRO INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
7990 BAYMEADOW RD. EAST		7990 BAYMEADOW RD. EAST	
Suite, Apt. #, etc.: #224		Suite, Apt. #, etc.: #224	
City & State: JACKSONVILLE FL		City & State: JACKSONVILLE FL	
Zip: 32256	Country: USA	Zip: 32256	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number — X Applied For / Not Applicable

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

7. Name and Address of Registered Agent

Name: A1A REGISTERED AGENT, INC.

Street Address (P.O. Box Number is Not Acceptable): 25 S.E. 2ND AVENUE SUITE 1036

City: MIAMI FL Zip Code: 33131

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] PAUL SMITH, VICE PRESIDENT 05/20/03

9. The corporation is entitled to qualify its intangible tax filing requirement and elects to do so (See info 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	PD	TITLE	
NAME	CASTRO, URSI	NAME	
STREET ADDRESS	7990 BAYMEADOW RD. EAST #224	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	CASTRO, ESPERANZA	NAME	
STREET ADDRESS	7990 BAYMEADOW RD. EAST #224	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	IN THIS SPACE
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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] URSI CASTRO, PD 5/20/03 352-384-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/01)