

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

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90046 038 ***150.00

DOCUMENT # P05000163857	
1. Entity Name	
CASTLEMONT CAPITAL CORPORATION	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4300 WEST CYPRESS STREET Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 18512 Suite, Apt. #, etc.
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City & State TAMPA, FL	City & State TAMPA	Zip 33607	Country USA
City & State TAMPA, FL	City & State TAMPA	Zip 33679-8512	Country USA

4. FEI Number 20-3953521	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name CRAIG BEHRENFELD	
Street Address (P.O. Box Number is Not Acceptable) 601 BAYSHORE BLVD	
SUITE 700	
City TAMPA	Zip Code 33606

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREW J MAY 490 LUCERNE AVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST RICHARD FREUND 14103 ASHBURN PLACE TAMPA, FL 33624
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard Freund* RICHARD FREUND

4/30/2007

(813) 637-8305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #