

FILED  
Apr 21, 2003 8:00 am  
Secretary of State

04-21-2003 90338 049 \*\*\*158.75

2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                                                                                                                                                                               |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # P92000002445</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                              |         |
| 1. Entity Name<br><b>JOE CASTELLO, P.A.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                                                                                                                                                                               |         |
| Principal Place of Business<br>11700 N 58TH ST<br>STE F<br>TAMPA, FL 33617 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       | Mailing Address<br>P.O. BOX 290589<br>TAMPA, FL 33687-0589 US                                                                                                                 |         |
| 2. Principal Place of Business<br><del>1411 Mossy Glen La</del><br>Suite, Apt. #, etc.<br>#C-103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                                     |         |
| City & State<br><b>Tampa Florida</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       | City & State                                                                                                                                                                  |         |
| Zip<br><b>33613</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Country<br><b>USA</b> | Zip                                                                                                                                                                           | Country |
| 4. FEI Number<br><b>59-3149242</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       | Applied For<br>Not Applicable                                                                                                                                                 |         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                                                                                                                                                                               |         |
| 6. Name and Address of Current Registered Agent<br><b>CASTELLO, JOE</b><br>11700 N. 58TH STREET<br>SUITE F<br>TAMPA, FL 33617                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1411 Mossy Glen Lane</b><br>City <b>Tampa</b> FL <b>33613</b> |         |
| 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.<br>SIGNATURE: <u><i>Joe Castello</i></u> DATE: <u>4/15/03</u><br><small>Signature, name and address of registered agent and title if applicable. (NOTE: Registered Agent's signature required when substituting)</small>                                                                                                                                                                                           |                       |                                                                                                                                                                               |         |
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                                                                                                                                                                               |         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                                                                                                                                                                               |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                |         |
| PO<br>CASTELLO, JOSEPH W JR<br>11700 N 68TH ST STE F<br>TAMPA, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                                                                                                                                                                               |         |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                                                                                                                                                                               |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                |         |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information disclosed 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 or powers. |                       |                                                                                                                                                                               |         |
| SIGNATURE: <u><i>Joe Castello</i></u> DATE: <u>4/15/03</u> <u>813-864-7611</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                                                                                                               |         |

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☐ CHECK HERE IF MAKING CHANGES

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