

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017968

1. Entity Name

CAST STONE WORKS, INC.

FILED

Jul 20, 2000 8:00 am  
Secretary of State

07-20-2000 90015 020 \*\*\*550.00

Principal Place of Business

4610 ENTERPRISE AVE  
NAPLES FL 34104  
US

Mailing Address

4610 ENTERPRISE AVE  
NAPLES FL 34104  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0562253

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOGOK, WILLIAM A  
601 99TH AVE N  
NAPLES FL 34108

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, DEREK	NAME	ARNOLD, DEREK
STREET ADDRESS	4610 ENTERPRISE AVE	STREET ADDRESS	6887 RED BAY PARK RD
CITY-ST-ZIP	NAPLES FL 34104	CITY-ST-ZIP	NAPLES, FL
TITLE	D <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOGOK, WILLIAM A	NAME	KOGOK, WILLIAM A.
STREET ADDRESS	4610 ENTERPRISE AVE	STREET ADDRESS	601 99TH AVE N
CITY-ST-ZIP	NAPLES FL 34104	CITY-ST-ZIP	NAPLES, FL 34108
TITLE	<input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	KOGOK, JEAN L.
STREET ADDRESS		STREET ADDRESS	601 99TH AVE N.
CITY-ST-ZIP		CITY-ST-ZIP	NAPLES, FL 34108
TITLE	<input type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	ARNOLD, JOANE
STREET ADDRESS		STREET ADDRESS	6887 RED BAY PARK RD
CITY-ST-ZIP		CITY-ST-ZIP	NAPLES, FL 34108
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE* REJEAN L KOGOK  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/00  
Date

941-253-1215  
Daytime Phone #

CR2E034 (5/00)