

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

FILED
Jun 27, 2002 8:00 am
Secretary of State

06-27-2002 90523 039 ***150.00

DOCUMENT # **P95000082122**

1. Entity Name

PINECASTLE RETIREMENT CENTER CORP

DO NOT WRITE IN THIS SPACE

B0126009

2. Principal Place of Business

1220 JIMMY ANN DR

Suite, Apt. #, etc.

3. Mailing Address

1220 JIMMY ANN DR

Suite, Apt. #, etc.

City & State

DAYTONA BEACH

Zip

Country

FL 32117

City & State

DAYTONA BEACH

Zip

Country

FL 32117

4. FEI Number

59-3154090

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

Name

JIBRI, HASSAN B

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

1220 JIMMY ANN DR

City

DAYTONA BEACH

FL

Zip Code

32117

7. Name and Address of Current Registered Agent

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

HBT/11/1

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) ☐

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JIBRI, HASSAN B
1220 JIMMY ANN DR
DAYTONA BEACH, FL 32117**

TITLE
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IN THIS SPACE**

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:

HBT/11/1

5-30-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Chuck Ikeji

CERTIFIED PUBLIC ACCOUNTANT

801 N. Magnolia Ave., Suite 204A • Orlando, FL 32803

Office: (407) 540-1204 • Fax: (407) 540-1233

*Attachment
B0126009*

May 30, 2002

Florida Department of State
Division of Corporations
P.O Box 6327
Tallahassee, FL 32314

Re: ~~PINECASTLE RETIREMENT CENTER INC~~
DOC# P95000082122.

TO WHOM IT MAY CONCERN:

I am writing to request that the late filing fee of \$550.00 for the 2002 corporate annual report for the above corporation be abated. The principal officers of the corporation were outside the country and did not receive the preprinted form from your office. I have enclosed a check in the amount of \$150.00 for the 2002 report. If you have any question please contact me.

Sincerely,

Chuck Ikeji
Chuck Ikeji, CPA