

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 18, 2000 08:00 AM****Secretary of State****DOCUMENT # P96000054101****1. Entity Name**
CASTLE CAPITAL CORP.**Principal Place of Business**
877 EXECUTIVE CENTER DR. WEST
GLADES BLDG., STE. 303
ST. PETERSBURG FL 33702**Mailing Address**
877 EXECUTIVE CENTER DR. WEST
GLADES BLDG., STE. 303
ST. PETERSBURG FL 33702**2. Principal Place of Business**
877 EXECUTIVE CENTER DR. WEST**3. Mailing Address**
877 EXECUTIVE CENTER DR. WEST**Suite, Apt. #, etc.**
GLADES BLDG., STE. 303**Suite, Apt. #, etc.**
GLADES BLDG., STE. 303**City & State**
ST. PETERSBURG FL**City & State**
ST. PETERSBURG FL**Zip**
33702**Country**
US**Zip**
33702**Country**
US**4. FEI Number**
59-3394688**Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMASCARA ERNEST L
877 EXECUTIVE CENTER DR. WEST
GLADES BLDG., STE. 303
ST. PETERSBURG FL 33702 US**7. Name and Address of New Registered Agent****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)

04/18/2000

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
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****TITLE** **VP** ☐ Delete
NAME MASCARA ERNEST L
STREET ADDRESS 877 EXECUTIVE CENTER DR W STE 303
CITY-ST-ZIP ST PETERSBURG FL 33702**TITLE** **PSTD** ☐ Delete
NAME BALL RONALD W
STREET ADDRESS 877 EXECUTIVE CENTER DR. WEST, STE. 303
CITY-ST-ZIP ST. PETERSBURG FL 33702**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** **VP** ☒ Change ☐ Addition
NAME MASCARA ERNEST L
STREET ADDRESS 877 EXECUTIVE CENTER DR W STE 303
CITY-ST-ZIP ST PETERSBURG FL 33702**TITLE** **PSTD** ☒ Change ☐ Addition
NAME BALL RONALD W
STREET ADDRESS 877 EXECUTIVE CENTER DR. WEST, STE. 303
CITY-ST-ZIP ST. PETERSBURG FL 33702**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
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** Ronald W. Ball**PREP** 04/18/2000