

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 91001 013 ***158.75

DOCUMENT # P96000077706

1. Entity Name

KASTLE ENTERTAINMENT, INC.

Principal Place of Business

**7350 SOUTH TAMiami TRAIL #124
 SARASOTA FL 34231**

Mailing Address

**7350 SOUTH TAMiami TRAIL #124
 SARASOTA FL 34231**



DO NOT WRITE IN THIS SPACE

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

65-0711438

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

GARDEN, NILES

**7313 BILTMORE DRIVE
 SARASOTA FL 34231**

**5823 SANDY POINTE DR.
 SARASOTA, FL 34233**

Name

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

5823 SANDY POINT DR.

City

SARASOTA

FL

Zip Code

34233

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.

NILES GARDEN PRES.

(NOTE: Registered Agent signature required when reinstating)

2-27-02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **GARDEN, NILES T**
 STREET ADDRESS **7350 SOUTH TAMiami TRAIL #124**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **P** ☒ Change ☐ Addition
 NAME **NILES GARDEN**
 STREET ADDRESS **5823 SANDY POINTE DR.**
 CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

NILES GARDEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-02

Date

941/925-4417

Daytime Phone #

CR2E034 (9/01)