

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90018 048 ***150.00

DOCUMENT # P96000096549

1. Entity Name

KASTLE REAL ESTATE SERVICES, INC.

Principal Place of Business

18456 E COVINGTON TRACE
 BOCA RATON FL 33498

Mailing Address

18456 E COVINGTON TRACE
 BOCA RATON FL 33498-6383

2. Principal Place of Business

15240 Tall Oak Ave

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Delray Beach FL

City & State

Delray Beach FL

4. FEI Number

65-0711167

Applied For

Not Applicable

Zip

33446

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

838203



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KING, RICHARD E
 18456 E COVINGTON TRACE
 BOCA RATON FL 33498

7. Name and Address of New Registered Agent

Name King, Richard E

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

15240 Tall Oak Ave

City Delray Beach FL Zip Code 33446

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 \$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	D <input type="checkbox"/> Delete
NAME	KING, RICHARD E
STREET ADDRESS	18456 E COVINGTON TRACE
CITY-ST-ZIP	BOCA RATON FL 33498
TITLE	D <input type="checkbox"/> Delete
NAME	KING, STEFANIE A
STREET ADDRESS	18456 E COVINGTON TRACE
CITY-ST-ZIP	BOCA RATON FL 33498
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	15240 Tall Oak Ave
CITY-ST-ZIP	Delray Beach, FL 33446
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	15240 Tall Oak Ave
CITY-ST-ZIP	Delray Beach, FL 33446
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Richard E King
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00

Date

561-689-8009

Daytime Phone #

CR2E034 (9/99)