

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90003 031 ***550.00

UNITED STATES

DOCUMENT # P97000016787

1. Entity Name
CASTLE TOO, INC.

Principal Place of Business

**103 W OAK ST
 SUITE C3
 KISSIMMEE FL 34741-472
 US**

Mailing Address

**PO BOX 220794
 WEST PALM BEACH FL 33422-0794
 US**

977968



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

405 SYCAMORE ST.

3. Mailing Address

PO BOX 470-831

City & State

KISSIMMEE FL

City & State

KISSIMMEE FL

4. FEI Number

65-0758596

Applied For

Not Applicable

Zip

Country

34747

USA

Zip

Country

FL 34747

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MUKHI, NARAIN G
 3359 BELEVDERE ROAD
 SUITE C
 WEST PALM BEACH FL 33406-1539**

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)

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 12, 2001 Fee 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 LAO, JOSE
 405 SYCAMORE STREET
 KISSIMMEE FL 34747**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 MUKHI, NARAIN G
 3359C BELVEDERE ROAD
 WEST PALM BEACH FL 33406**

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/01

Date

(407) 566 8237

Daytime Phone #

CR2E034 (5/01)