

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90208 002 ***158.75

DOCUMENT # P97000023137

1. Entity Name

CASTLE DELEON INC.

Principal Place of Business

542 BAY STREET
DUNEDIN FL 34398
US

Mailing Address

542 BAY STREET
DUNEDIN FL 34698-6523
US

2. Principal Place of Business

2041 LAKEWOOD DR
Suite, Apt. #, etc.

3. Mailing Address

2041 LAKEWOOD DR
Suite, Apt. #, etc.

City & State

DUNEDIN, FLORIDA

City & State

DUNEDIN FLORIDA

Zip

34698

Country

US

Zip

34698

Country

US

4. FEI Number

59-3432686

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSS, DELEON DEBRA
544 BAY STREET
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name

MOSS, DELEON DEBRA

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

2041 LAKEWOOD DR

City

DUNEDIN

FL

Zip Code

34698

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

Debra DeLeon Moss (P)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

25 April 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	P	<input type="checkbox"/> Delete
NAME	MOSS, DEBRA DELEON	
STREET ADDRESS	544 BAY STREET	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALDERMAN, CHERYL A	
STREET ADDRESS	2702 WHITNEY ROAD	
CITY-ST-ZIP	CLEARWATER FL 33760	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, DEBRA DELEON	
STREET ADDRESS	2041 LAKEWOOD DR	
CITY-ST-ZIP	DUNEDIN FLORIDA 34698	
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:

Debra DeLeon Moss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 April 2000

Date

727-736-8186

Daytime Phone #

CR2E034 (9/99)