

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90050 047 ***150.00

DOCUMENT # P97000072893

1. Entity Name
MAIN CASTLE, INC.

Principal Place of Business
**900 SE 10TH ST.
 POMPANO BEACH FL 33060**

Mailing Address
**900 SE 10TH ST.
 POMPANO BEACH FL 33060**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0822911

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**LAMARR, JACK P
 2601 E. OAKLAND PARK BLVD., #501
 FT. LAUDERDALE FL 33306**

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 *J. Lamar* *pr.*

(NOTE: Registered Agent signature required when reinstating)

DATE

3.11.02

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 MEIER, JOSEF
 900 SE 10TH ST.
 POMPANO BEACH FL 33060** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**1 Las Olas Circle #1006
 Fort Lauderdale, FL. 33316** ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 MEIER, ANNEMARIE
 900 SE 10TH ST.
 POMPANO BEACH FL 33060** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**1 Las Olas Circle #1006
 Fort Lauderdale, FL. 33316** ☐ Change ☐ Addition

TITLE
 NAME
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 CITY-ST-ZIP
☐ Delete

TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-02 954-764-2597

Date

Daytime Phone #

CR2E034 (9/01)