2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9800009446 Jan 21, 2000 8:00 am **Secretary of State** CASTLE SUPPLY COMPANY OF TAMPA, INC. 01-21-2000 90103 040 ***150.00 Mailing Address Principal Place of Business 6365 53 STREET NORTH 6365 53 STREET NORTH PINELLAS PARK FL 33781-5627 PINELLAS PARK FL 34664 2. Principal Place of Business 3. Mailing Address 15604 N. Nebraska Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3493665 Lutz Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 33549 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LECOMPTE, MORRIS A Street Address (P.O. Box Number is Not Acceptable) 100 SECOND AVE SO STE 1201 ST PETERSBURG FL 33701 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition PD ☐ Delete TITLE TITLE WHITE, JOSEPH C NAME NAME STREET ADDRESS 10750 SPRING ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE CARDWELL, ROBERT M NAME STREET ADDRESS STREET ADDRESS 7313 HIDEAWAY TRAIL CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY FL - -----Change ☐ Addition. Delete TITLE TITLE WHITE, JOANN NAME NAME STREET ADDRESS STREET ADDRESS 10750 SPRING ST CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STERN, ROBERT STREET ADDRESS STREET ADDRESS 1800 KALUMA CT CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE X Change ☐ Addition ☐ Delete TITLE NAME BACHTOLD, ROBIN K NAME BECHTOLD, ROBIN K. STREET ADDRESS STREET ADDRESS 13109 RIDGE RD 13109 RIDGE ROAD CITY-ST-ZIP CITY-ST-ZIP LARGO FL LARGO, FL 33778 Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 epoint 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 of trustee empowered to execute this poort 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 SIGNATURE: Davtime Phone