

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 25, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000009446**1. Entity Name  
CASTLE SUPPLY COMPANY OF TAMPA, INC.

## Principal Place of Business

6365 53 STREET NORTH

PINELLAS PARK

34664

FL

## Mailing Address

6365 53 STREET NORTH

PINELLAS PARK

34664

FL

## 2. Principal Place of Business

6365 53 STREET NORTH

## 3. Mailing Address

6365 53 STREET NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

PINELLAS PARK

FL

## City &amp; State

PINELLAS PARK

FL

Zip

33781

Country

Zip

33781

Country

## 4. FEI Number

59-3493665

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

LECOMPTÉ MORRIS A  
100 SECOND AVE SO STE 1201

ST PETERSBURG

33701

FL

US

## 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)

01/25/2001

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, 2001 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 ST ☐ Delete  
NAME BACHTOLD ROBIN K  
STREET ADDRESS 13109 RIDGE RD  
CITY-ST-ZIP LARGO FL 33778TITLE D ☐ Delete  
NAME STERN ROBERT  
STREET ADDRESS 1800 KALUMA CT  
CITY-ST-ZIP ORLANDO FLTITLE D ☐ Delete  
NAME WHITE JOANN  
STREET ADDRESS 10750 SPRING ST  
CITY-ST-ZIP LARGO FLTITLE VP ☐ Delete  
NAME CARDWELL ROBERT M  
STREET ADDRESS 7313 HIDEAWAY TRAIL  
CITY-ST-ZIP NEW PORT RICHEY FLTITLE PD ☐ Delete  
NAME WHITE JOSEPH C  
STREET ADDRESS 10750 SPRING ST  
CITY-ST-ZIP LARGO FLTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ST ☒ Change ☐ Addition  
NAME BECHTOLD ROBIN K  
STREET ADDRESS 13109 RIDGE RD  
CITY-ST-ZIP LARGO FL 33778TITLE D ☒ Change ☐ Addition  
NAME STERN ROBERT  
STREET ADDRESS 1800 KALUMA COURT  
CITY-ST-ZIP ORLANDO FLTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ 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: ROBIN K. BECHTOLD**

ST

01/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)