

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90188 025 ***150.00

DOCUMENT # P98000053295

1. Entity Name

CAST ENTERPRISES, INC.

Principal Place of Business

Mailing Address

10798 GREENBRIAR VILLA DRIVE
LAKE WORTH FL 33467

10798 GREENBRIAR VILLA DRIVE
LAKE WORTH FL 33467-8621

2. Principal Place of Business

3. Mailing Address

490 BUSINESS PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Royal Palm Beach FL

City & State

4. FEI Number 65-0852599

Applied For

Not Applicable

Zip

Country

Zip

Country

33411

U.S.A.

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

PORRO, HILDA M P A
12769 W. FOREST HILL BOULEVARD
SUITE 3
WELLINGTON FL 33414

Name

HILDA M. PORRO

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

12773 W. FOREST HILL BLVD.

SUITE 1201

City

Wellington

FL

Zip Code

33414

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BATTELENE, LOUISE J
10798 GREENBRIAR VILLA DRIVE
LAKE WORTH FL 33467 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: Louise J. Battelene LOUISE J. BATTELENE 4/20/00 (561) 753-7733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)