2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000054924 CASTILLO DE MEXICO. INC. FILED 00. SFP 18 PM 1: 44 Principal Place of Business Mailing Address 604 NORTH 3RD STREET 604 NORTH 3RD STREET SECRETARY OF STATE TALLAHASSEE FLORIDA JACKSONVILLE FL 32250 JACKSONVILLE FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3518584 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -- -7. Name and Address of New Registered Agent --CASTILLO, BERNARDO B Street Address (P.O. Box Number is Not Acceptable) 604 NORTH 3RD STREET JACKSONVILLE FL 32250 Zip Code City FL 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT/TREOSURER ☐ Change Addition ☐ Delete TITI F TITLE CASTILLO, BERNARDO B NAME STREET ADDRESS 604 NORTH 3RD STREET STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 Vice President/Secretary ☐ Change **Addition** TITLE ☐ Delete COTTLE, WILLIAM A NAME STREET ADDRESS 604 NORTH 3RD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE BEACH FL 32250 **400003409154-0** -09/29/00--01019--019 Delete TITLE TITLE NAME NAME ****150.00 STREET AODRESS ****150.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ampowered 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.

MEMBER STATES STATES TO GRAHAM W. WARNER TO LOT 1.04 TO MEMBER

"有压力"便加强扩张

CERTIFIED PUBLIC ACCOUNTANTS.

FAX: (904) 641-0455

September 13, 2000

Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Castillo de Mexico, Inc.

2000 Uniform Business Report

DOC# P98000054924

Gentlemen:

Attached are copies of the second notice for the 2000 Uniform Business Report and the completed 2000 Uniform Business Report for the referenced taxpayer. Castillo de Mexico received neither the original report nor the first notice from your office.

We respectfully request that you abate the late penalty and accept the original filing fee requirement of \$150.00 due to the apparent error in the mailing system.

Please notify us regarding the status of this account after your review.

Thank you for your prompt attention to this matter.

Sincerely,

Graham W. Warner

Orston W. Warne

GWW/arw

Enclosures