

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90143 033 ***150.00

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DOCUMENT # P98000054924

1. Entity Name
CASTILLO DE MEXICO, INC.

Principal Place of Business

**604 NORTH 3RD STREET
JACKSONVILLE FL 32250**

Mailing Address

**604 NORTH 3RD STREET
JACKSONVILLE FL 32250**

2. Principal Place of Business

1262019 Beach Blvd
Suite, Apt. #, etc.

3. Mailing Address

1262019 Beach Blvd
Suite, Apt. #, etc.

B0068217



DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FL

Zip
32246 Country
USA

City & State
Jacksonville, FL

Zip
32246 Country
USA

4. FEI Number
59-3518584

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CASTILLO, BERNARDO B
604 NORTH 3RD STREET
JACKSONVILLE FL 32250**

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) 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, 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

TITLE **P/T** ☐ Delete
NAME **CASTILLO, BERNARDO B**
STREET ADDRESS **604 NORTH 3RD STREET**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **VP/S** ☐ Delete
NAME **COTTE, WILLIAM A**
STREET ADDRESS **604 NORTH 3RD STREET**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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 information provided.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

4/9/02 4987006
(904)