

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90867 014 ***150.00

DOCUMENT # P98000082934

1. Entity Name
CASTLE WOODS AT IMPERIAL, INC.

Principal Place of Business

~~700 11TH STREET SOUTH~~
~~RENTHOUSE-II~~
~~NAPLES FL 34102~~

Mailing Address

~~700 11TH STREET SOUTH~~
~~RENTHOUSE-II~~
~~NAPLES FL 34102~~

2. Principal Place of Business

2663 Argent Rel S
 Suite, Apt. #, etc.
Suite D 110

3. Mailing Address

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Zip

34112

Country

Zip

Country

4. FEI Number

59-3534847

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BRYANT, EDWARD R JR
~~700 11TH STREET SOUTH~~
~~RENTHOUSE-II~~
~~NAPLES FL 34102~~

7. Name and Address of New Registered Agent

Name

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

Suite D 110
2663 Argent Rel S

City

Naples E

FL

Zip Code

34112

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 **PD** ☐ Delete
NAME **BRYANT, EDWARD R JR**
STREET ADDRESS **700 11TH ST SOUTH PH-II**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **VPD** ☐ Delete
NAME **HUDSON, JANIS S**
STREET ADDRESS **266 FAIRWAY CIRCLE**
CITY-ST-ZIP **NAPLES FL 34110**

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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CFR2034 (9/01)