

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90273 047 ***150.00

DOCUMENT # P99000005789

1. Entity Name
CASTOR CONSTRUCTION COMPANY, INC.

Principal Place of Business Mailing Address
1200 S. BUARBY AVE **1200 S. BUARBY AVE**
ORLANDO FL 32806 **ORLANDO FL 32806**
US **US**

2. Principal Place of Business 3. Mailing Address
1200 S. Bumbly Ave. **1200 S. Bumbly Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
ORLANDO FLORIDA **ORLANDO FLORIDA**
 Zip Country Zip Country
32806 **USA** **32806** **USA**

4. FEI Number Applied For
59-3551522 Not Applicable

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

6. Name and Address of Current Registered Agent

CASTOR, CHRISTOPHER D
2307 HARGILL DRIVE
ORLANDO FL 32806

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:  **4/25/02**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PVPD CASTOR, CHRISTOPHER D 2307 HARGILL DRIVE ORLANDO FL 32806	<input type="checkbox"/>		
SD CASTOR, JULI M 2307 HARGILL DRIVE ORLANDO FL 32806	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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:  **4/25/02** **407-894-7718**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

41000000 02 CR2034 (9/01)