

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021809

1. Entity Name

CASTLE MANAGEMENT & INVESTMENTS, INC.

FILED

Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90007 029 ***150.00

Principal Place of Business Mailing Address
4134 GULF OF MEXICO DRIVE 4134 GULF OF MEXICO DRIVE
SUITE 302 SUITE 302
LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228-2614

2. Principal Place of Business 3. Mailing Address
10219 Loreto St. Same
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Spring Hill FL
Zip Country Zip Country
34608 FL FL 34608



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0907397 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HARDWICK, JOHN
4134 GULF OF MEXICO DRIVE
SUITE 302
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent
Name John Hardwick
Street Address (P.O. Box Number is Not Acceptable) 10219 Loreto St.
City Spring Hill FL Zip Code 34608

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] DATE 3/3/00
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, 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
TITLE NAME STREET ADDRESS CITY- ST- ZIP
D HARDWICK, JOHN 4134 GULF OF MEXICO DRIVE, SUITE 302 LONGBOAT KEY FL 34228
[Delete]
[Delete]
[Delete]
[Delete]
[Delete]
[Delete]

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY- ST- ZIP
10219 Loreto St. Spring Hill FL 34608
[Change] [Addition]
[Change] [Addition]
[Change] [Addition]
[Change] [Addition]
[Change] [Addition]
[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: [Signature] DATE 3/3/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #