

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90322 013 ***150.00

DOCUMENT # P99000021809

1. Entity Name

CASTLE MANAGEMENT & INVESTMENTS, INC.

Principal Place of Business

**10219 LORETTO ST
 SPRING HILL FL 34608**

Mailing Address

**10212 LORETTO STREET
 SPRING HILL FL 34608**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**HARDWICK, JOHN
 10219 LORETTO ST
 SPRING HILL FL 34608**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **HARDWICK, JOHN**
 STREET ADDRESS **10219 LORETTO ST**
 CITY-ST-ZIP **SPRING HILL FL 34608**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6TH MARCH 2002

Date

Daytime Phone #

CR2E034 (9/01)

Attachment P99000021809
122387

FRANK FONZO, C.P.A.

Certified Public Accountant
12593 Spring Hill Dr.
Spring Hill, FL 34609
352-686-5774

July 16, 2002

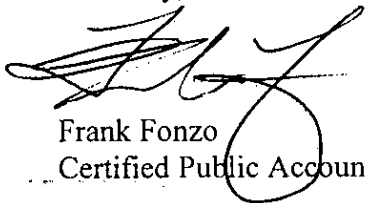
Division of Corporations
P. O. Box 1500
Tallahassee, Fl. 32302-1500

Re: 2002 Uniform Business Report
Castle Management & Investments, Inc.
I.D. # P99000021809

Sirs:

Request a waiver of the penalty for late filing in the above listed report. The shareholders are residents of the United Kingdom. Upon preparing the check to pay the report, they received notification of a death in their family, and had to immediately return to the United Kingdom. Upon their return, they discovered that they had failed to forward the report. Please advise.

Sincerely,



Frank Fonzo
Certified Public Accountant