

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043484

1. Entity Name

STEEL CASTLES, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90072 004 \*\*\*150.00

Principal Place of Business

Mailing Address

5117 CASTELLO DRIVE SUITE 1  
NAPLES FL 34103

5117 CASTELLO DRIVE SUITE 1  
NAPLES FL 34133-0279

934447



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

28000 Spanish Wells Blvd  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 279  
Suite, Apt. #, etc.

City & State  
Bonita Springs, FL

Zip  
34135

Country

City & State  
Bonita Springs, FL

Zip  
34133

Country

4. FEI Number

59-3579181

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

EURO-AMERICAN FINANCIAL SERVICES, INC.  
5117 CASTELLO DRIVE SUITE 1  
NAPLES FL 34103

Name

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

28000 Spanish Wells Blvd

City Bonita Springs

FL

Zip Code 34135

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME AMBURN, JAMES W  
STREET ADDRESS 5117 CASTELLO DRIVE SUITE 1  
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 28000 Spanish Wells Blvd  
CITY-ST-ZIP Bonita Springs, FL 34135 ☐ Change ☐ Addition

TITLE D  
NAME REEVES, DAVID  
STREET ADDRESS 5117 CASTELLO DRIVE SUITE 1  
CITY-ST-ZIP NAPLES FL 34103 ☒ Delete

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

TITLE D  
NAME GOREN, JULIAN  
STREET ADDRESS 3640 WOODLAKE DRIVE  
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James W Amburn 1/10/00

941-992-3355

CR2E034 (9/99)