

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90029 048 \*\*\*150.00

DOCUMENT # P99000055593  
 1. Entity Name  
 CASTLE INVESTMENT ASSOCIATES, INC.

Principal Place of Business Mailing Address  
 6671 W. INSTANTOWN RD.  
 STE. 56, PMB 422  
 JUPITER, FL 33458  
 SAME

Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number ☒ Applied For ☐ Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
 6. Name and Address of Current Registered Agent  
 JOSEPH KUCHARUK, ESQUIRE  
 1211 THE PLAZA  
 SINGER ISLAND, FL 33404  
 7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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  
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILING NOW!!! FEE IS \$430.00**  
 After MAY 1, 2000 Filing 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1. NAME	TITLE	NAME	
2. STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	
3. CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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3. CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	

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: SUSIE B. ROTNE PRESIDENT SUSIE B. ROTNE 4-27-00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)