

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED

Jun 20, 2000 8:00 am
Secretary of State

05-19-2000 90060 037 ***150.00

DOCUMENT # P99000068223

1. Entity Name

CASTLEROCK HOMES, INC.

Principal Place of Business

1227 S. PATRICK DR.
SATELLITE BEACH FL 32937

Mailing Address

1227 S. PATRICK DR.
SATELLITE BEACH FL 32937-3956

2. Principal Place of Business

Suite, Apt. #, etc.

SAME

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3590014

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLINGLESMTIH, WILLIAM A
403 HWY A1A #211
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

Name: WILLIAM KLINGLESMTIH
Street Address (P.O. Box Number is Not Acceptable):
403 HWY A1A #211
City: SATELLITE BEACH FL Zip Code: 32937

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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	WILLIAM KLINGLESMTIH	
STREET ADDRESS	403 HWY A1A #211	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	(SAME AS ABOVE)	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	(SAME AS ABOVE)	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	(SAME AS ABOVE)	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

321-773-6673

Daytime Phone #

CR2034 (9/99)