

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90075 026 ***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**

ADDITIONAL



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3590014**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

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

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, 2001 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 **PST** Delete
 NAME **KLINGLESMTIH, WILLIAM**
 STREET ADDRESS **403 HIGHWAY A1A #211**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **KLINGLESMTIH, WILLIAM**
 STREET ADDRESS **403 HIGHWAY A1A #211**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **VP**
FRED JORGE
 STREET ADDRESS **805 CHEYENNE ST.**
 CITY-ST-ZIP **MELBOURNE, FL. 32935**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **Treasurer**
DATTY JORGE
 STREET ADDRESS **805 CHEYENNE ST.**
 CITY-ST-ZIP **MELBOURNE, FL. 32935**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **SECRETARY**
JULIA KLINGLESMTIH
 STREET ADDRESS **403 HWY A1A #211**
 CITY-ST-ZIP **SATELLITE BEACH, FL. 32937**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 titles empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM KLINGLESMTIH

Date

4/27/01

Daytime Phone #

(321) 773-6773

CR2E034 (10/00)