

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90022 047 ***550.00

DOCUMENT # P99000080526

1. Entity Name
CASTO SOUTHEAST, INC.

Principal Place of Business

**7085 S TAMiami TRAIL
 SARASOTA FL 34231**

Mailing Address

**PO BOX 427
 OSPREY FL 34229**

2. Principal Place of Business

401 N. Cattlemen Rd.

Suite, Apt. #, etc.

St #108

City & State
Sarasota FL

Zip
34232

Country

3. Mailing Address

401 N. Cattlemen Rd.

Suite, Apt. #, etc.

St #108

City & State
Sarasota FL

Zip
34232

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0949194

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GREENE, ROBERT F
 1301 SIXTH AVENUE W.
 SUITE 400
 BRADENTON FL 34205**

7. Name and Address of New Registered Agent

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

TITLE **P** ☐ Delete
 NAME **HUTCHENS, BRETT**
 STREET ADDRESS **7085 S TAMiami TRAIL STREET A**
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE ☐ Delete
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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **Brett Hutchens**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/02 **941-552-2700**
 Date Daytime Phone #

CR2E034 (9/01)