

2002
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082465

1. Entity Name

CASTLES & COTTAGES REAL ESTATE, INC.

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90057 006 ***150.00

Principal Place of Business

**283 NW 3RD AVENUE
OCA RATON FL 33431**

Mailing Address

**4283 NW 3RD AVENUE
BOCA RATON FL 33431**

2. Principal Place of Business

2200 NW SECOND-AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

**208
BOCA RATON FL**

Zip

33431

Country

FL

Zip

Country

4. FEI Number

65-0951867

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

**SMITH, ELIZABETH C
4283 NW 3RD AVENUE
BOCA RATON FL 33431**

Name

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

FL

Zip Code

8. The above named entity submit

Please note corrected Principal Place of Business. Thank you.

oth, in the State of Florida.

SIGNATURE

Signature, typed or printed

**2200 NW 2nd Ave
#208**

Boca Raton, FL 33431

DATE

9. This corporation is eligible to s
Tax filing requirement and elec
(See criteria on back)

☒

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 NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ELIZABETH C 4283 NW 3RD AVENUE BOCA RATON FL 33431	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 807, 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:

Elizabeth C Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-02
+20-01 561 750 1591