

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	Mailing Address
283 NW 3RD AVENUE BOCA RATON FL 33431	4283 NW 3RD AVENUE BOCA RATON FL 33431

2. Principal Place of Business <i>2200 NW Second Ave</i>	3. Mailing Address
Suite, Apt. #, etc. <i>208</i>	Suite, Apt. #, etc.

City & State <i>Boca Raton FL</i>	City & State
Zip <i>33431</i>	Zip
Country <i>Palm Beach</i>	Country

6. Name and Address of Current Registered Agent.	Name
SMITH, ELIZABETH C 4283 NW 3RD AVENUE BOCA RATON FL 33431	Street Address (P.O. Box Number is Not Acceptable)

8. The above named entity subm	Please note corrected Principal Place of Business. Thank you.
SIGNATURE	2200 NW 2nd Ave
Signature, typed or printed	#208

9. This corporation is eligible to s	oth, in the State of Florida.
Tax filing requirement and elect	DATE
(See criteria on back)	10. Election Campaign Financing

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE 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 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* 4-30-02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4. FEI Number <i>65-0951867</i>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
7. Name and Address of New Registered Agent	Name
	Street Address (P.O. Box Number is Not Acceptable)
	FL Zip Code

8. The above named entity subm	Please note corrected Principal Place of Business. Thank you.
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SIGNATURE: *Elizabeth C. Smith* 4-30-02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR