

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90160 020 ***150.00

06/27/03
FD

DOCUMENT # P99000087812

1. Entity Name
CASTANO, DRIGGERS & DRIGGERS, INC.



Principal Place of Business
**4025 N. HWY 19 A
MOUNT DORA FL 32757**

Mailing Address
**2719 JUNCTION ROAD
APOPKA FL 32712**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3601559**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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

**MCLEOD, RAYMOND A
48 EAST MAIN ST.
APOPKA FL 32703**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CASTANO, ANGELO	
STREET ADDRESS	5276 MARTINGALE LANE	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRIGGERS, WENDY D	
STREET ADDRESS	2719 JUNCTION ROAD	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRIGGERS, DURWOOD H	
STREET ADDRESS	2719 JUNCTION ROAD	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wendy Driggers 5-1-03 (352) 483-3885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)