

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90003 021 \*\*\*150.00

**DOCUMENT # P99000098934**

1. Entity Name

**CASTLE MANAGEMENT HOLDINGS, INC.**

Principal Place of Business

Mailing Address

**5301 CONROY RD., STE. 140**  
**ORLANDO FL 32811****5301 CONROY RD., STE. 140**  
**ORLANDO FL 32811-3551**

2. Principal Place of Business

3. Mailing Address

**3330 West Colonial Drive****3330 West Colonial Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**Orlando, Florida****Orlando, Florida**

Zip

Zip

**32808**

Country

Country

**USA****USA**

4. FEI Number

Applied For

**59-3607533**

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

Name

**Bulent Basaran**

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

**3330 West Colonial Drive**

City

**Orlando****FL**

Zip Code

**32808**

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

**Bulent Basaran, Director**

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	<b>D</b>			<input type="checkbox"/>
	<b>BASARAN, BULENT</b>			
	<b>KEYKUBAT CAD. NO: 3/3</b>			
	<b>ALANYA, TURKEY</b>			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<b>3330 West Colonial Drive</b>			
		<b>Orlando, Florida 32808</b>			
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/99)

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:****Bulent Basaran, Director****407 299 6710**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #