

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91781 022 ***150.00

DOCUMENT # P99000100403

1. Entity Name

CASTLEROCK BUILDERS, INC.

Principal Place of Business

**1227 S PATRICK DRIVE
SATELLITE BEACH FL 32937**

Mailing Address

**1227 S PATRICK DRIVE
SATELLITE BEACH FL 32937**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3670434

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****KLINGLESMTTH, WILLIAM****403 HWY A1A #211****SATELLITE BEACH FL 32937**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input type="checkbox"/> Delete
NAME	KLINGLESMTTH, WILLIAM	
STREET ADDRESS	403 A1A, #211	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	

TITLE	VP	<input type="checkbox"/> Delete
NAME	JORGE, FRED	
STREET ADDRESS	805 CHEYENNE ST	
CITY-ST-ZIP	MELBOURNE FL 32935	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JORGE, PATTY	
STREET ADDRESS	805 CHEYENNE ST	
CITY-ST-ZIP	MELBOURNE FL 32935	

TITLE	S	<input type="checkbox"/> Delete
NAME	KLINGLESMTTH, JULIA	
STREET ADDRESS	403 HWY A1A # 211	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02 **321-73-3335**

CR2E034 (9/01)