

2000 UNIFORM BUSINESS REPORT (UBR)

4/25

FILED
May 19, 2000 8:00 am
Secretary of State

04-25-2000 90050 011 ***150.00

DOCUMENT # 535162
 1. Entity Name
Lindsay Castle Ent. Inc

Principal Place of Business Mailing Address
6394 Goodway P.O. Box 10040
Brooksville, Fl. 34602 Brooksville Fl. 34602

2. Principal Place of Business 3. Mailing Address
6394 Goodway P.O. Box 10040
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Zip Country City & State Zip Country
Brooksville Fl 34602 Brooksville Fl. 34603 Hernando
 4. FEI Number 59-3060079 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
Joseph Castillo Name
P.O. Box 10040 Street Address (P.O. Box Numbers Not Acceptable)
Brooksville, Fl. 34605 Mailing Address
6496 Goodway Dr - Brooksville Fl. 34602 Physical Address
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, 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		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<u>President</u>		NAME		
STREET ADDRESS	<u>Joseph Castillo</u>		STREET ADDRESS		
CITY-ST-ZIP	<u>6496 Goodway Dr</u>		CITY-ST-ZIP		
	<u>Brooksville Fl 34602</u>				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<u>Secretary</u>		NAME		
STREET ADDRESS	<u>Judy Castillo</u>		STREET ADDRESS		
CITY-ST-ZIP	<u>6496 Goodway</u>		CITY-ST-ZIP		
	<u>Brooksville Fl. 34602</u>				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4/12/2000 352799-9393
 Date Daytime Phone #

CR2E034 (9/99)