


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90091 024 ***150.00

DOCUMENT # V16052

1. Entity Name
CASTLE CONSTRUCTION GROUP, INC.



Principal Place of Business
**11000 METRO PARKWAY
STE 44
FORT MYERS FL 33912
US**

Mailing Address
**11000 METRO PARKWAY
STE 44
FORT MYERS FL 33912
US**

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 **65-0313697**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MAS, DAVID
1208 S.W. 50TH ST
CAPE CORAL FL 33914**

7. Name and Address of New Registered Agent

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 Delete

NAME **PADS MAS, DAVID**

STREET ADDRESS **1208 SW 50TH ST**

CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME **S COVILLARD, TOM**

STREET ADDRESS **1433 SW 23 STREET**

CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE Change Addition

NAME **COVILLARD, TOM** SPELLING Change Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME **V RICHER, TODD**

STREET ADDRESS **1503 NE 2ND TER**

CITY-ST-ZIP **CAPE CORAL FL 33909**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME **T PARTRICIA, MAS**

STREET ADDRESS **1208 SW 50 TH STREET**

CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE Change Addition

NAME **MAS, PATRICIA** SPELLING Change Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

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)(l), 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 *[Signature]* **SIGNATURE REQUIRED** **3/6/03** **239-931-6550**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)