


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

**FILED
May 01, 2003 8:00 am
Secretary of State**

05-01-2003 90808 012 ***158.75

DOCUMENT # 372432
1. Entity Name
CENTER BROS. INC. OF FL.



DO NOT WRITE IN THIS SPACE

10095438

2. Principal Place of Business
4020 UNIVERSITY BLVD W.
Suite, Apt. #, etc.
T

3. Mailing Address
4020 UNIVERSITY BLVD W.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip
32217 Country
DUVAL

Zip
32217 Country
DUVAL

4. FEI Number
58-1048227 Applied For
No: Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
HENRY W. TUTEN, JR.

Street Address (P.O. Box Number is Not Acceptable)
100 CARRIAGE LAMP WAY

2

PONTE VEDRA BEACH FL Zip Code
32082

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 _____

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
DC

NAME
LEO E. CENTER

STREET ADDRESS
#3 WINDLESS COURT

CITY-ST-ZIP
SAVANNAH, GA 31411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
P

NAME
CHARLES S. MAY

STREET ADDRESS
640 DONALD ROSS WAY

CITY-ST-ZIP
ST. AUGUSTINE, FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
D

NAME
HENRY W. TUTEN JR.

STREET ADDRESS
100 CARRIAGE LAMP WAY

CITY-ST-ZIP
PONTE VEDRA BEACH FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
S

NAME
MICHAEL T. DIONNE

STREET ADDRESS
124 BULDEAUX LN.

CITY-ST-ZIP
SAVANNAH, GA 31419

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: Leo E. Center LEO E. CENTER 4/16/03 (912) 232-6491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034B (12/02)