2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G12117

1. Entity Name
CENTRAL INVESTMENT PROPERTIES, INC.

FILED
03 APR 17 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4117 NW 78TH AVE. SUNRISE FL 33351	4117 NW 78TH AVE. SUNRISE FL 33351

REINSTATEMENT DO NOT WRITE IN THIS SPACE 02-03

2. Principal Place of Business	3. Mailing Address
630 S. GRAND HWY Suite, Apt. #, etc.	630 S. GRAND HWY Suite, Apt. #, etc.
City & State: CLERMONT, FL	City & State: CLERMONT, FL
Zip: 34711 Country: USA	Zip: 34711 Country: USA

4. FEI Number 59-2234974 ☐ 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
HIGH, JOSHUA 4117 NW 78TH AVE. SUNRISE FL 33351	Name: JOSHUA HIGH Street Address (P.O. Box Number is Not Acceptable): 630 S. GRANDS HIGHWAY City: CLERMONT FL Zip Code: 34711

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 _____ JOSHUA HIGH 4/4/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HIGH, JOSHUA 4117 NW 78TH AVE. SUNRISE FL 33351	☐ Delete	PRESIDENT/DIRECTOR HIGH, JOSHUA 5169 LATROBE DR WINDERMERE, FL 34786-8959	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	200016320312 04/18/03--01034--015 **900.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 JOSHUA HIGH 4/4/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0560945 AV

CR2E034 (9/01)