

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90060 018 \*\*\*150.00

0342383

**DOCUMENT # H97203**  
 1. Entity Name  
**CENTURY SALES & DISTRIBUTORS, INC.**

Principal Place of Business <b>2700 N MACDILL AVE          SUITE 215          TAMPA FL 33607-4713</b>	Mailing Address <b>2700 N MACDILL AVE          SUITE 215          TAMPA FL 33607-4713</b>
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2. Principal Place of Business <b>561 Rhine Ave.</b>	3. Mailing Address <b>561 Rhine Ave.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Tampa, FL</b>	City & State <b>Tampa FL</b>	4. FEI Number <b>59-2638867</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33606</b>	Country <b>USA</b>	Zip <b>33606</b>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MARRIOTT, THOMAS  
 561 RHINE AVENUE  
 TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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 *T. E. M. # Thomas E. Marriott Pres.* DATE *4-25-01*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PD MARRIOTT, THOMAS, E 561 RHINE AVE TAMPA FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *T. E. M. # Thomas E. Marriott* ✓ DATE *4-25-01* DAYTIME PHONE # *813-2516342*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)