## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## **DOCUMENT #**

Principal Place of Business

120 INTERNATIONAL PARKWAY

680353

1. Entity Name

CENTER CONTRACTING CORPORATION



## **FILED** Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90040 015 \*\*\*150.00

N		
Mailing Address		
120 INTERNATIONAL PARKWAY		
SUITE 262		
HEATHROW FL 32746		
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SUITE 262 HEATHROW FL	32746	SUITE 262 HEATHROW FL 32746 US			
. Principal Pla	ce of Business	3. Mailing Address			
Suite, Apt. #, etc. Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-2011992 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
		A Deviatored Agent	<del></del>	7. Name and Address of New Registered Agent	
	6. Name and Address of Curren	t Registered Agent	Name		
	OWARD A, III		Street Addres	ss (P.O. Box Number is Not Acceptable)	
207 CLERN					
	Y FL 32746		City	FL Zip Code	
the obligation	ons of registered agent.			istered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable. (N	OTE: Registered Agent signature rec	quired when reinstating)	
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department	0 of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
		ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
10.	P OFFICE ROOM	☐ Delete	TITLE	Change Addition	
TITLE	EVANS, EDWARD A III	25000	NAME		
NAME STREET ADDRESS	207 CLERMONT RD		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746		CITY-ST-ZIP		
TITLE	Date have to be	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP		
CITY-ST-ZIP		<del></del>		☐ Change ☐ Addition	
TITLE		☐ Delete	TITLE	, , , , , , , , , , , , , , , , , , ,	
NAME			NAME STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			TITLE	☐ Change ☐ Addition	
TITLE		☐ Delete	NAME		
NAME	1		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	1		CITY-ST-ZIP		
<del></del>		☐ Delete	TITLE	☐ Change ☐ Addition	
TITLE NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE		☐ Delete	TITLE	Change Addition	
NAME		,	NAME		
STREET ADDRESS			STREET ADDRESS		
	i e	•	■ UHT-SI-ZIF		

12. I hereby certify that the information supplied with this filling 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 supplier hental report in flue 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 regeiver 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: