

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90175 025 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT #372432

1. Entity Name
CENTER BROS., INC. OF FLORIDA

Principal Place of Business
4020 UNIVERSITY BLVD W
JACKSONVILLE FL 32217

Mailing Address
4020 UNIVERSITY BLVD W
JACKSONVILLE FL 32217

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
ZipCountry

3. Mailing Address
Suite, Apt. #, etc.
City & State
ZipCountry

5. Certificate of Status Desired
58-1048227

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
TUTEN, HENRY W, JR
9721 SUMMER PL #610
PONTE VEDRA FL 32082

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
CityFLZip 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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
DC CENTER, LEO E 205 EARLY ST. SAVANNAH GA
P MAY, CHARLES S. 640 DONALD ROSS WAY ST AUGUSTINE FL
D TUTEN, HENRY W. JR. 8149 BAHIA BLANCAST JACKSONVILLE FL
S CONNER, DARY L. 26-6 OLD SOUTH COURT BLUFFTON SC

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
#3 WINDASS CT SAVANNAH, GA 31411
D Tuten, Henry W. Jr. 100 Carriage Lamp Way Ponte Vedra Beach, FL
S DIONNE, MICHAEL T. 124 BORDEAUX LN. SAVANNAH GA 31419

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: Leo E Center 1-10-02 (912) 2326491