

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90057 022 \*\*\*158.75

0317034

**DOCUMENT # 394008**

1. Entity Name  
**CENTURY SURFACING, INC..**

Principal Place of Business

Mailing Address

~~C/O ROY C. HERNANDEZ JR.  
 3451 NW 14TH AVENUE  
 POMPANO BEACH FL 33064~~

~~C/O ROY C. HERNANDEZ JR.  
 3451 NW 14TH AVENUE  
 POMPANO BEACH FL 33064~~

2. Principal Place of Business

3. Mailing Address

**1213 Pope Lane**  
 Suite, Apt. #, etc.

**1213 Pope Lane**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

**Lake Worth, FL**

**Lake Worth, FL**

4. FEI Number **59-1645700**

Applied For  
 Not Applicable

Zip Country  
**33460 USA**

Zip Country  
**33460 USA**

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

~~HERNANDEZ, ROY C., JR.  
 3451 NW 14TH AVENUE  
 POMPANO BEACH FL 33064~~ **1213 Pope Lane  
 Lake Worth, FL 33460**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ROY C. JR.	
STREET ADDRESS	<del>3451 NW 14 AVENUE</del>	
CITY-ST-ZIP	<del>POMPANO BEACH FL</del>	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, DOROTHY	
STREET ADDRESS	3451 NW 14 AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ROY C.	
STREET ADDRESS	3451 N.W. 14TH AVE.	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1213 Pope Lane	
CITY-ST-ZIP	Lake Worth, FL 33460	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1213 Pope Lane	
CITY-ST-ZIP	Lake Worth, FL 33460	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1213 Pope Lane	
CITY-ST-ZIP	Lake Worth, FL 33460	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Dorothy Hernandez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/01** **561/547-3661**  
Date Daytime Phone #

CR2E034 (10/00)