

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90391 028 ***150.00

DOCUMENT # 452452

1. Entity Name
CENTURY TESTING SERVICE, INC.



Principal Place of Business
**2103 GILMORE ST
JACKSONVILLE FL 32204**

Mailing Address
**2103 GILMORE ST
JACKSONVILLE FL 32204**

2. Principal Place of Business
(SAME)
Suite, Apt. #, etc.

3. Mailing Address
(SAME)
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State		City & State		4. FEI Number 59-1526511	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SELLERS, HERBERT S. III
6063 KINGSLEY LAKE DRIVE
STARKE FL 32091**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SELLERS, HERBERT S. III	
STREET ADDRESS	2103 GILMORE ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	DST	<input type="checkbox"/> Delete
NAME	KOOB, KATHLEEN R.	
STREET ADDRESS	2103 GILMORE ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SELLERS, TANA L.	
STREET ADDRESS	2103 GILMORE ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hope S. Smith	
STREET ADDRESS	2103 Gilmore Street	
CITY-ST-ZIP	Jacksonville FL 32204	
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		
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathleen R. Koob

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-03

Date

904 356 0835

Daytime Phone #

CR2E034 (10/02)