2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 531899

1. Entity Name

CENTAUR, INC.



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90269 001 ***150.00

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Principal Place of Business 142 OCEAN BLVD ATLANTIC BCH FL 32233 US	Mailing Address 142 OCEAN BLVD ATLANTIC BCH FL 32233 US	
2. Principal Place of Business	3. Mailing Address	1 100101 21100 titai-state tetta tetta tetta tett annt annt an

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.			(18618) ALISE (1981 1981 1981 1981 1981 1981 1981 198						
				CHECK HERE IF MAKING CHANGES					
•		City & State			4. FEI Number 59-1745527				Applied For
City & State)	City & State							Not Applicable
Zip	Country	Zip	Count	try	5. C	ertificate of Status Desired		\$8.75 / Fee Requ	Additional iired
	6. Name and Address of Curre	nt Registered Agent			7. N	ame and Address of New Re	gistere	d Agent	
				Name		•			
PAPPAS, GEORGE F			Street Address (P.O. Box Number is Not Acceptable)						
142 OCEA					<u>`</u>	<u></u>			
	BCH FL 32233								
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			· · · · · · · · · · · · · · · · · · ·	1 6		at as both in the State of Flo	_	_	ith, and accept
8. The above	named entity submits this statemen	it for the purpose of chang	ging its registere	ed office or registe	erea age	nt, or boin, in the state of Fio	ilua. Ta	III IQII IIII QI **I	in, and accept
the obligati	ions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered ag		AIOTE Besisters	d Agent signature requir	ad when rei	netaling)	DAT	 E	
	Signature, typed or printed name of registered ag	gent and title if applicable.	(NOTE: Registere	d Agent signature requir	: 1				
	ILE NOW!!! FEE IS \$150.00					9. Election Campaign Fin	ancing		5.00 May Be
After	May 1, 2003 Fee will be \$550.	00				Trust Fund Contribution	١.	∐ Ad	ided to Fees
Make Check	Payable to Florida Departmen				· ·	DITIONS/CHANGES TO OFF	CEBS A	ND DIRECT	ORS IN 11
10.	 	ND DIRECTORS	11.		AD	DITIONS/CHANGES TO OTT	021107	Chan	
TITLE	VP	☐ Delet	te TITLI NAM	I					· –
NAME	PAPPAS, DR. JANET D.			EET ADDRESS					
STREET ADDRESS	12530 SW 14 AVENUE GAINESVILLE FL 32607			(-ST-ZIP					
CITY-ST-ZIP		Delet	te TITL	E .				☐ Chan	ige Additio
TITLE	VP	Delet	IE NAM						
NAME	PAPPAS, DAVID F.			EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	1105 LYNWOOD LOOP FRUIT COVE FL 32259			Y-ST-ZIP					
·	FRUIT COVE FE 32259	☐ Dele	te TITL	F		<u>.</u>		Chan	ige 🔲 Additio
TITLE		- néle	NAN			** · · ·	-· · -	. • . v * . •	
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CITY-ST-ZIP			CITY	Y-ST-ZIP					
TITLE		□ Dele	ete TITL	.E	···			☐ Char	nge 🔲 Additio
NAME	1		. NAM	ME					
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NAME			NA	ME					
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NAME			NAI	ме					
STREET ADDRESS				REET ADDRESS		•			
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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 so trustee empower of 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 control of the corporation.

SIGNATURE:

SIGNATURE NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9042475530

Daytime Phone #