

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90108 050 ***150.00

DOCUMENT # 635694

1. Entity Name
CENTURION III, INC.

Principal Place of Business
2611-B WEST 23RD STREET
PANAMA CITY FL 32405

Mailing Address
2611-B WEST 23RD STREET
PANAMA CITY FL 32405

2. Principal Place of Business
600 Calle Escada
 Suite, Apt. #, etc.

3. Mailing Address
600 Calle Escada
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Santa Rosa Bch., Fl. 32459
 Zip Country

City & State
Santa rosa Bch., Fl. 32549
 Zip Country

4. FEI Number
59-1937489

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JENKINS, ERIC A.
2611-B WEST 23RD STREET
PANAMA CITY FL 32405

7. Name and Address of New Registered Agent

Name
Michael L. Jenkins
 Street Address (P.O. Box Number is Not Acceptable)
600 Calle Escada
 City
Santa Rosa Bch., FL Zip Code
32549

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, 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
PD
JENKINS, MICHAEL L
431 ATWATER COURT
MARY ESTHER FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
CD
JENKINS, ERIC A
2611-B W. 23RD STREET
PANAMA CITY FL ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02 **850-622-15166**
 Date Daytime Phone #

CR2E034 (9/01)