## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 21, 2000 8:00 am Secretary of State DOCUMENT # 648229 CENTRAL DIVISION, INC. 04-21-2000 90101 036 \*\*\*150.00 Principal Place of Business Mailing Address 1324 COCO PLUM RD 1324 COCO PLUM RD P.O. BOX 3387 P.O. BOX 3387 MARATHON SHORES FL 33052 MARATHON SHORES FL 33052-0387 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1954436 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name\_\_ DE MARAS, VICTOR Street Address (P.O. Box Number is Not Acceptable) 1324 COCO PLUM MARATHON FL FL 33050 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PTD ☐ Delete ☐ Change Addition TITLE TITLE DE MARAS, VICTOR STREET ADDRESS 1324 COCO PLUM STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARATHON FL TITLE D۷ ☐ Delete TITLE Change ☐ Addition FAULK, BERNARD NAME NAME STREET ADDRESS 8120 ENGLAND ST STREET ADDRESS CITY-ST-7IP CHARLOTTE NC CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE DEMARAS, SUE NAME NAME STREET ADDRESS 1324 COCO PLUM DR STREET ADDRESS CITY-ST-7IP CITY-ST-7IP MARATHON FL Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE: VICTOR DEMARAS 4/12/10 305-7+3-2-3

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changed, or on an attachment with an address

I hereby certify that the information supplied with this fiting 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if