

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90871 031 ***150.00

DOCUMENT # 648229

1. Entity Name

CENTRAL DIVISION, INC.

Principal Place of Business

**1324 COCO PLUM RD.
P.O. BOX 3387
MARATHON SHORES FL 33052-0387**

Mailing Address

**1324 COCO PLUM RD
P.O. BOX 3387
MARATHON SHORES FL 33052-0387**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1954436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DE MARAS, VICTOR
1324 COCO PLUM
MARATHON FL FL 33050**

7. Name and Address of New Registered Agent

Name

Sue DeMaras

Street Address (P.O. Box Number is Not Acceptable)

1324 Coco Plum Dr.

City

Marathon

FL

Zip Code
33052

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 **Sue DeMaras**

Sue DeMaras

1-1-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **PTD** ☒ Delete
NAME **DE MARAS, VICTOR**
STREET ADDRESS **1324 COCO PLUM**
CITY-ST-ZIP **MARATHON FL**

TITLE **DV** ☐ Delete
NAME **FAULK, BERNARD**
STREET ADDRESS **8120 ENGLAND ST**
CITY-ST-ZIP **CHARLOTTE NC**

TITLE **SD** ☐ Delete
NAME **DEMARAS, SUE**
STREET ADDRESS **1324 COCO PLUM DR**
CITY-ST-ZIP **MARATHON FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **PV** ☒ Change ☐ Addition
NAME **Faulk, Bernard**
STREET ADDRESS **8120 England St.**
CITY-ST-ZIP **Charlotte, NC**

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

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

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

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

Sue DeMaras
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-02

Date

305-743-5500

Daytime Phone #

CR2E034 (9/01)