

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 08, 2001 08:00 AM****Secretary of State****DOCUMENT # 742945**1. Entity Name  
**THE CENTRE, INC.**Principal Place of Business  
62 ROBERTS MT. ROAD  
FABER VA 22938 US  
Mailing Address  
62 ROBERTS MT. ROAD  
FABER VA 22938 US2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country  
3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country4. FEI Number  
**59-1824173**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
STANLEY BENJAMIN  
507 CHARLES PLACE  
BRANDON FL 33511 US  
7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City 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.

SIGNATURE \_\_\_\_\_ DATE **02/08/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)FILE NOW: FEE IS \$61.25  
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees  
Make Check Payable to Department of State10. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
VP BOLES MIKE POB 583 NELLYSFORD VA 22958  
VP HONEYCUTT AJ 62 ROBERTS MOUNTAIN RD FABER VA 22938  
D MONROE EMMETT 3041 OAKRIDGE DR. CUYAHOGA FALLS OH  
VPD MILLER DARLENE 57 WOODPECKER WAY AFTON VA  
ST SHREVES JEANNE 203 PERRY LANE LOVINGSTON VA  
DPC MONROE LAURIE A. 57 WOODPECKER WAY AFTON VA  
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
ST UMBARGER JACQUELINE W 236 RAINBOW DRIVE ARRINGTON VA 22922

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: **LAURIE A. MONROE** DPC 02/08/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)