

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003178

1. Entity Name

CENTURY MINT LIMITED, INC.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90038 035 ***150.00

Principal Place of Business

250 SOUTH CR 427, STE 116
LONGWOOD FL 32750

Mailing Address

250 SOUTH CR 427, STE 116
LONGWOOD FL 32750

2. Principal Place of Business

585 South CR 427

3. Mailing Address

585 South CR 427

Suite, Apt. #, etc.

Suite 121

Suite, Apt. #, etc.

Suite 121

City & State

Longwood, FL

City & State

Longwood, FL

4. FEI Number

59-3633758

Applied For

Not Applicable

Zip

32750-5462

Country

USA

Zip

32750-5462

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HODGES, GEORGE
250 SOUTH CR 427, STE 116
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name

George Hodges, EA

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

585 South CR 427

Suite 121

City

Longwood

FL

Zip Code
32750

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

George Hodges

George Hodges, EA

4/10/01

Signature, typed or printed name of registered agent (delete if applicable)

(NOTE: Registered Agent signature required when re-statuting)

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, 2001 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-STATE-ZIP
PSTD
D'AMORE, KARIN W
250 SOUTH CR 427 STE 116
LONGWOOD FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☒ Change ☐ Addition
585 South CR 427, Ste 121
Longwood, FL 32750

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

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

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CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01
Date

407/830-6773
Daytime Phone

CR2E034 (10/00)