

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90061 024 ***150.00

DOCUMENT # F01000004884

1. Entity Name
CENTURY RESOURCES II, INC.

Principal Place of Business Mailing Address
2921 N. TENAYA WAY. STE 213 **2921 N. TENAYA WAY. STE 213**
LAS VEGAS NV 89128 **LAS VEGAS NV 89128**



2. Principal Place of Business 3. Mailing Address
9585 Bearfoot Tr **9585 Bearfoot Tr**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Brooksville, FL **Brooksville, FL** **88-0461414** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
MATTHEWS, CHARLES R Name
9585 BAERFOOR TRAIL Street Address (P.O. Box Number is Not Acceptable)
BROOKSVILLE FL 34613 **9585 Bearfoot Tr**
 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 _____ (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. **FILE NOW!!! FEE IS \$150.00** -10: Election Campaign Financing -10: **\$5.00** May Be Added to Fees
 (See criteria on back) **After May 1, 2002 Fee will be \$550.00** Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCTD MATTHEWS, CHARLES R 9585 BAERFOOT TRAIL BROOKSVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bearfoot 34613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATTHEWS, PEGGY 9585 BAERFOOT TRAIL BROOKSVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bearfoot 34613
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Peggy S. Matthews* 3/6/02 352-592-6889
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)