

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01398

1. Entity Name

CENTENNIAL BUILDERS, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90067 025 ***150.00

Principal Place of Business 5016 N GRADY PO BOX 15090 TAMPA FL 33684	Mailing Address 5016 N GRADY PO BOX 15090 TAMPA FL 33684-5090
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2325512		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BROOKER, RAYMOND H 5016 N GRADY AVE SAN ANTONIO FL 33614	7. Name and Address of New Registered Agent Name RAYMOND A. BROOKER Street Address (P.O. Box Number is Not Acceptable) 310 N. LAUBERWAY City TAMPA, FL Zip Code 33604
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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)

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROOKER, RAY 29217 PRINCEVILLE DR SAN ANTONIO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROOKER, RAYMOND <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 310 N. LAUBERWAY TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROOKER, CLAUDIA 27217 PRINCEVILLE DR SAN ANTONIO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROOKER, CLAUDIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 310 N. LAUBERWAY TAMPA, FL 33609
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
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
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
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:

Raymond A. Brooker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-2000

Date

Daytime Phone #

813 8792484

CR2E034 (9/99)