

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F64665

1. Entity Name

CENTRAL BROKERAGE CO.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90107 002 ***150.00

0613355

Principal Place of Business
~~125 CRESCENT BLVD~~ **125 CRESCENT BLVD.**
SANFORD FL 32771
US

Mailing Address
125 CRESCENT BLVD
SANFORD FL 32771
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2156141		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LOMNESS, PHILLIP J. 4010 GABRIELLA LANE OWIEDO FL 32765				Name Street Address (P.O. Box Number is Not Acceptable) 125 CRESCENT BLVD City SANFORD FL 32771			
ADDRESS CHANGE →							

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD LOMNESS, JANICE	125 CRESCENT BLVD	SANFORD FL 32771				
	VD LOMNESS, PHILLIP J.	125 CRESCENT BLVD	SANFORD FL 32771				

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

Date

Daytime Phone #

CR2E034 (10/00)