

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-22-2002 90127 007 ***150.00

DOCUMENT # F75708

1. Entity Name
CENTRAL DISTRIBUTION & SERVICE CO., INC.

96295



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6046 RIDGE ROAD, SUITE ONE WALFRED W. TORRENCE, JR. PORT RICHEY FL 34668	Mailing Address 6046 RIDGE ROAD, SUITE ONE WALFRED W. TORRENCE, JR. PORT RICHEY FL 34668
---------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

2. Principal Place of Business Rick M. Centella	3. Mailing Address 9529 S.R. 52
----------------------------------------------------	------------------------------------

City & State Hudson, FL	City & State Hudson, FL	4. FEI Number 59-2188944	Applied For Not Applicable
Zip 34669	Country USA	Zip 34669	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	--------------------------------

6. Name and Address of Current Registered Agent

TORRENCE, JR. ALFRED W.
 6046 RIDGE ROAD, SUITE ONE
 PORT RICHEY FL 34668

7. Name and Address of New Registered Agent

Name: Rick M. Centella
 Street: 9529 S.R. 52
 City: Hudson, FL Zip Code: 34669

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]* DATE: 6/17/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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	DP CENTELLA, RICK M 14280 CINNAMON LN BROOKSVILLE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(SAME) 9529 S.R. 52 Hudson, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CENTELLA, PAUL E 8710 LA FITTE DR HUDSON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CENTELLA, THOMAS G 11830 LAKEWOOD DR HUDSON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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]* DATE: 2/4/02 DAYTIME PHONE #: 727-919-2527

CR2E034 (9/01)