

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90058 017 \*\*\*150.00

**DOCUMENT # F98000003776**



1. Entity Name  
**THE CENTURY GROUP, INC.**

Principal Place of Business  
**1260 E OAKLAND PARK BLVD  
FT LAUDERDALE FL 33334  
US**

Mailing Address  
**1260 E OAKLAND PARK BLVD  
FT LAUDERDALE FL 33334  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0760092**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FUHRMEISTER, J. CHRISTOPHER  
1260 E OAKLAND PARK BLVD  
FT LAUDERDALE FL 33334**

Name **Judith A. JARVIS**  
Street Address (P.O. Box Number is Not Acceptable) **1260 E. Oakland Park Blvd**  
**Ste 200**  
City **FT Lauderdale** **FL** Zip Code **33334**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Glenn M. Gallant*  
Signature, typed or printed name of registered agent and title if applicable.

**JUDITH A. JARVIS**  
(NOTE: Registered Agent signature required when reinstating)

**4/8/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BAETZ, DOUGLAS R</b>	
STREET ADDRESS	<b>1101 CASA MARINA COURT</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>GALLANT, GLENN M</b>	
STREET ADDRESS	<b>5596 BAYVIEW DRIVE</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33308</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAETZ DOUGLAS R.</b>	
STREET ADDRESS	<b>1260 E. OAKLAND PARK BLVD.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33334</b>	
TITLE	<b>VS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALLANT, GLENN M</b>	
STREET ADDRESS	<b>1260 E. OAKLAND PARK BLVD</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33334</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all power like empowered.

SIGNATURE: *Glenn M. Gallant*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**V. President** **95-453-3000**  
Date Daytime Phone #

CR2E034 (10/02)