

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G04646**

1. Entity Name

CENTRE PROPERTIES AND DEVELOPMENT CO., INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90039 044 ***150.00

Principal Place of Business

P.O. BOX 1121
APOPKA FL 32704

Mailing Address

P.O. BOX 1121
APOPKA FL 32704

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFI Number **59-3438696**

Applied For

No. Applicable

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

CENTRELLA, JAMES JR.
231 S. FOREST AVENUE
APOPKA FL 32703

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See form for a on back) ☐

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	V	☐ Delete
NAME	CENTRELLA, JAMES III	
STREET ADDRESS	231 S FOREST AVE BX 1121	
CITY-STATE-ZIP	APOPKA FL	
TITLE	PSTD	☐ Delete
NAME	CENTRELLA JAMES III	
STREET ADDRESS	231 S FOREST AVE BX 1121	
CITY-STATE-ZIP	APOPKA FL	
TITLE	D	☐ Delete
NAME	WEBSTER, ROBERT N	
STREET ADDRESS	3435 HOLIDAY AVE.	
CITY-STATE-ZIP	APOPKA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information stated 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 12 of this report, 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

James Centrella

4/20/01

407-889-4055

CH25034 (10-00)