

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G18623**

1. Entity Name

CENTURY I, INC.

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90010 025 ***550.00

Principal Place of Business

Mailing Address

~~6102 E HWY 98~~
~~PANAMA CITY FL 32404~~

2720 COUNTRY CLUB DRIVE
LYNN HAVEN FL 32444-5104
US

2. Principal Place of Business

2720 COUNTRY CLUB DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

LYNN HAVEN, FL

City & State

Zip

Country

USA

Zip

Country

4. FEI Number

59-1469677

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COMMANDER, CHARLES W.
6102 E HWY 98
PANAMA CITY FL 32404

7. Name and Address of New Registered Agent

Name

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

City

FL

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

James M. Humphrey

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

(NOTE: Registered Agent signature required when reinstating)

2-10-2000

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

TITLE **D** ☐ Delete
NAME **COMMANDER, CHARLES W.**
STREET ADDRESS **6102 E HWY 98**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **P** ☐ Delete
NAME **HUMPHREY, JANIS**
STREET ADDRESS **2720 COUNTRY CLUB DR**
CITY-ST-ZIP **LYNN HAVEN FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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:

Janis M. Humphrey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-10-2000

Daytime Phone #

(850) 769-8326

CR2E034 (9/99)