

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H97203

1. Entity Name

CENTURY SALES & DISTRIBUTORS, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90002 048 ***150.00

Principal Place of Business

Mailing Address

1111 N. WESTSHORE BLVD.
SUITE 512
TAMPA FL 33607-4713

1111 N. WESTSHORE BLVD.
SUITE 512
TAMPA FL 33607-2273



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2700 N. MACDILL AVE.

2700 N. MACDILL AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 215

SUITE 215

City & State

City & State

TAMPA, FL

TAMPA, FL

Zip

Country

Zip

Country

33607

Hillsborough

33607

Hillsborough

4. FEI Number

59-2638867

Applied For

Not 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

MARRIOTT, THOMAS
561 RHINE AVENUE
TAMPA FL 33606

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

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)

☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete

NAME MARRIOTT, THOMAS, E

STREET ADDRESS 561 RHINE AVE

CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

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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:

Thomas E. Marriott THOMAS E. MARRIOTT

Date

4-27-00

Daytime Phone #

813-3548584

CR2E034 (9/99)