2000 UNIFORM BUSINESS REPORT (UBR)

STUFFINGS, ROBERT L.

SIGNATURE

149 1/2 N TAMIAMI TRAIL OSPREY FL 34229

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

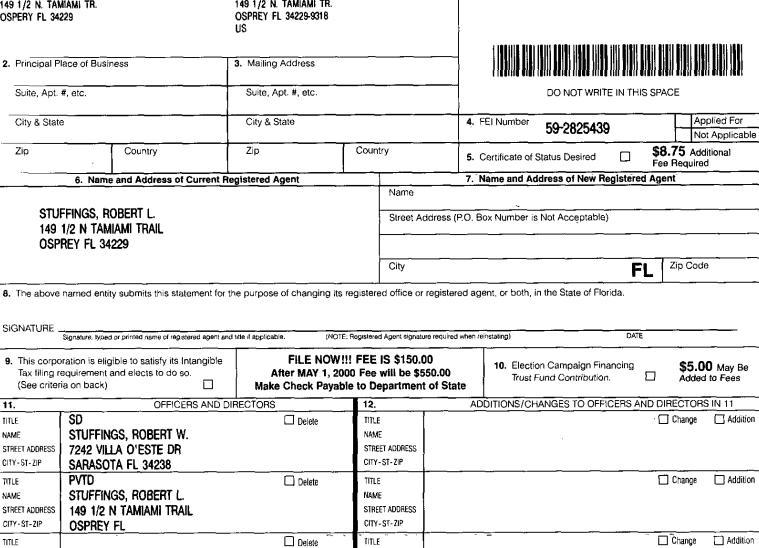
(See criteria on back)

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

١.	Entity Name CENTURY BAY BUIL		3	
Principal Place of Business 149 1/2 N. TAMIAMI TR. DSPERY FL 34229			Mailing Address	
			149 1/2 N. TAMIAMI TR. OSPREY FL 34229-9318 US	
2.	Principal Place of Business		3. Mailing Address	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	
-	City & State		City & State	
	Zip	Country	Zip	Country
	6. Name and	Address of Cur	rent Registered Agent	

FILED Apr 27, 2000 8:00 am Secretary of State

04-27-2000 90080 010 ***150.00



OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE ☐ Addition TITLE STUFFINGS, ROBERT W. NAME NAME STREET ADDRESS STREET ADDRESS 7242 VILLA O'ESTE DR CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34238 **PVTD** Addition ☐ Delete TITLE TITLE STUFFINGS, ROBERT L. NAME NAME STREET ADDRESS STREET ADDRESS 149 1/2 N TAMIAMI TRAIL CITY-ST-ZIP CITY-ST-ZIP OSPREY FL ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Celete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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: