

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90086 010 ***150.00

00363831

DOCUMENT # J84330

1. Entity Name
CENTRAL FLORIDA BILLING, INC.

Principal Place of Business
**5901 SUN BLVD.
 STE 100A
 ST. PETERSBURG FL 33715**

Mailing Address
**5901 SUN BLVD.
 STE 100A
 ST. PETERSBURG FL 33715**

744291



DO NOT WRITE IN THIS SPACE

| | | | |
|---|-----------------------|--|-----------------------|
| 2. Principal Place of Business P.O. Box 58069 | | 3. Mailing Address P.O. Box 58069 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State St. Petersburg, FL | | City & State St. Petersburg, FL | |
| Zip 33715 | Country USA | Zip 33715 | Country USA |
| 4. FEI Number 59-2828702 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent POPA, VIRGILIU 5901 SUN BLVD. SUITE 100A ST. PETERSBURG FL 33715 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6372 Palma Del Mar. # 603 City St. Petersburg FL Zip Code 33715 | |
|---|--|---|--|

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) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD VIRGILIU, POPA 5901 SUN BLVD., SUITE 100A ST. PETERSBURG FL 33715 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 6372 Palma Del Mar # 603 St. Petersburg, FL 33715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Virgilii Popa* **4/12/01** **727-826-1682**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)