

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90080 038 ****50.00

DOCUMENT # L00000006750

1. Entity Name

CENTURY MINERALS COMPANY, LLC ✓

Principal Place of Business

**801 LAUREL OAK DRIVE, SUITE 400
 NAPLES FL 34108**

Mailing Address

**801 LAUREL OAK DRIVE, SUITE 400
 NAPLES FL 34108**

2. Principal Place of Business

1061 COLLIER CENTER WAY

3. Mailing Address

1061 COLLIER CENTER WAY

Suite, Apt. #, etc.

SUITE 5

Suite, Apt. #, etc.

SUITE 5

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34110

Country

USA

Zip

34110

Country

USA

4. FEI Number

59-3671218

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LESTER, DONALD E
 801 LAUREL OAK DRIVE, SUITE 400
 NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name

DON E. LESTER

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

1061 COLLIER CENTER WAY

SUITE 5

City

NAPLES

FL

Zip Code

34110

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)

4-25-02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE: **MGRM**
 NAME: **LESTER, DONALD E** Delete
 STREET ADDRESS: **801 LAUREL OAK DRIVE, SUITE 400**
 CITY-ST-ZIP: **NAPLES FL 34108**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

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TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

10. ADDITIONS/CHANGES

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: **1061 COLLIER CENTER WAY, SUITE 5**
 CITY-ST-ZIP: **NAPLES, FL 34110**

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

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE

4-25-02

257-595-1000 x 215

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)