2002 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # L01000017439 02 MAR -4 AM 11: 43 1. Entity Name CENTURION, LLC SECRETARY OF STATE TĂĔĔĂĦŔŚŚĖĔ, FĽÓŘÍĎA Mailing Address Principal Place of Business 390 NORTH ORANGE AVE. 390 NORTH ORANGE AVE. **SUITE 1100 SUITE 1100** ORLANDO FL 32801 ORLANDO FL 32801 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 3 Applied For City & State City & State 51392 Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **B&C CORPORATE SERVICES OF CENTRAL FLORIDA** Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVE. **SUITE 1100** ORLANDO FL 32801 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 600005051056--3 -03/06/02--01074--013 Due By May 1, 2002 ABBABASTON ARGES *****50.00 MANAGING MEMBERS/MANAGERS 10. 9. Member CR2E083 (9/01 Change **Addition** ☐ Delete TITLE Centurion Equity, Inc. NAME NAME STREET ADDRESS 390 N. Orange Avenue, Suite 1100 STREET ADDRESS CITY-ST-ZIP Orlando, Florida 32801 CITY-ST-ZIP ☐ Change **X** Addition TITLE Manager ☐ Delete NAME C. David Brown, II STREET ADDRESS 390 N. Orange Avenue, Suite 1100 STREET ADDRESS CITY-ST-ZIP Orlando, Florida 32801 CITY-ST-ZIP Change **X** Addition TITLE ☐ Delete TITLE Manager NAME NAME C. Ken Bishop STREET ADDRESS STATET ADDRESS 390 N. Orange Avenue, Suite 1100 -ST-7IP CITY-ST-ZIP CIT Orlando, Florida 32801 ☐ Change ☐ Delete Addition TITLE TIŢĪ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information appolled 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 required of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

URE CEDAVIGEBROWN II, Manager TURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

APPROVEL