

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90008 031 ****61.25

DOCUMENT # N05787
 1. Entity Name
CENTERONE, INC.
INCORPORATED 10/23/1984

Principal Place of Business		Mailing Address	
2817 EAST OAKLAND PARK BLVD SUITE 200 FORT LAUDERDALE FL 33306-1813 US		2817 EAST OAKLAND PARK BLVD SUITE 200 FT. LAUDERDALE FL 33306-1889 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

UBR10270



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2532270				Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
KENT, N 800 E BROWARD BLVD STE 310 FT LAUD FL 33301			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SPENCER, WILLIAM		NAME		
STREET ADDRESS	2805 E OAKLAND PARK BLVD #219		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33306		CITY-ST-ZIP		
TITLE	CD	Delete <input type="checkbox"/>	TITLE	D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	MOREY, GARY		NAME		
STREET ADDRESS	1356 S.W. 12 WAY		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP		
TITLE	VD	Delete <input checked="" type="checkbox"/>	TITLE	VD	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	ROULHAC, J		NAME	CASTRO, CLARISSA	
STREET ADDRESS	757 NW 99 CIR		STREET ADDRESS	7331 N.W. 48TH STREET	
CITY-ST-ZIP	PLANTATION FL 33324		CITY-ST-ZIP	LAUDERHILL, FL 33319	
TITLE	ED	Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	WEATHERHEAD, JOHN C		NAME		
STREET ADDRESS	3015 N OCEAN BLVD STE 111		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP		
TITLE	SD	Delete <input type="checkbox"/>	TITLE	CD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	GREGORY, RAY		NAME		
STREET ADDRESS	100 N.E. 3 AVE.		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP		
TITLE	D	Delete <input type="checkbox"/>	TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	JUDD, R B		NAME		
STREET ADDRESS	2724 NE 22 ST		STREET ADDRESS		
CITY-ST-ZIP	FT LAUD FL 33305		CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

PHONE: (954) 537-4111

SIGNATURE: JOHN WEATHERHEAD JOHN WEATHERHEAD, EXECUTIVE DIRECTOR 2/7/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR