

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001617

1. Entity Name

CENTRAL BOULEVARD HOLDING CORPORATION

Principal Place of Business

RT. 5 BOX 5473
MONTICELLO FL 32344

Mailing Address

RT. 5 BOX 5473
MONTICELLO FL 32344

2. Principal Place of Business

438 E. OSPREY LANE

Suite, Apt. #, etc.

3. Mailing Address

438 E. OSPREY LANE

Suite, Apt. #, etc.

City & State

Monticello, FL

Zip

32344

Country

USA

City & State

Monticello, FL

Zip

32344

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, JOE E
RT. 5 BOX 5473
MONTICELLO FL 32344

7. Name and Address of New Registered Agent

Name

DAVIS, JOE E

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

438 E. OSPREY LANE

City

Monticello

FL

Zip Code

32344

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

JOE E. DAVIS SEC/TRES Joe E Davis

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

(NOTE: Registered Agent signature required when reinstating)

4-9-02

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NEWCOMB, MICHAEL P ☐ Delete
STREET ADDRESS 7075 W RED AVE
CITY-ST-ZIP HIALEAH FL 33014

TITLE STD
NAME DAVIS, JOE E ☐ Delete
STREET ADDRESS RT. 5 BOX 5473
CITY-ST-ZIP MONTICELLO FL 32344

TITLE VPD
NAME HINER, KIRK ☐ Delete
STREET ADDRESS RT. 5 BOX 5473
CITY-ST-ZIP MONTICELLO FL 32344

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 7075 W 3rd Ave.
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 438 E. OSPREY LANE
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 438 E. OSPREY LANE
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-02

Date

850 992 0194

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE