

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90819 008 ***150.00

DOCUMENT # P00000103122

1. Entity Name
CENTURY PROPERTIES MANAGEMENT, INC.



Principal Place of Business
2889 REMINGTON ST.
JACKSONVILLE FL 32205

Mailing Address
2889 REMINGTON ST.
JACKSONVILLE FL 32205

2. Principal Place of Business

4620 Harbour Dr Ct
Suite, Apt. #, etc.

3. Mailing Address

4620 Harbour Dr Ct
Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State
Jacksonville FL

4. FEI Number **59-3720063**

Applied For
Not Applicable

Zip **32205** **Country**

Zip **32205** **Country**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

BROWN, TERESA J
2889 REMINGTON ST.
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent

Name

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

4620 Harbour North Ct

City **Jacksonville** **FL** **Zip Code** **32205**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ **Delete**
NAME **BROWN, TERESA J**
STREET ADDRESS **2889 REMINGTON ST.**
CITY - ST - ZIP **JACKSONVILLE FL 32205**

TITLE **VP** ☐ **Delete**
NAME **BROWN, PAUL M**
STREET ADDRESS **2889 REMINGTON STREET**
CITY - ST - ZIP **JACKSONVILLE FL 32205**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **Delete**
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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 11

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

TITLE ☐ **Change** ☐ **Addition**
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NAME
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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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20 904-374-3915

CR2E034 (10/02)