

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

3. Mailing Address
4620 Harbour Dr Ct

Suite, Apt. #, etc.
Jacksonville FL

Suite, Apt. #, etc.
Jacksonville FL

Zip 32205

Country

Zip 32205

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3720063 Applied For Not Applicable

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

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 (PO 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 *Teresa J Brown* 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 Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME BROWN, TERESA J	
STREET ADDRESS 2889 REMINGTON ST.	
CITY-ST-ZIP JACKSONVILLE FL 32205	
TITLE VP	<input type="checkbox"/> Delete
NAME BROWN, PAUL M	
STREET ADDRESS 2889 REMINGTON STREET	
CITY-ST-ZIP JACKSONVILLE FL 32205	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 his reports 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 empowerments.

SIGNATURE: *Teresa J Brown*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20 904-374-3915
Date Daytime Phone #

CR2E034 (10/02)