

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91507 041 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000111266

1. Entity Name
CENTURION WORLDWIDE, INC.

Principal Place of Business
4901 NW 17TH WAY, SUITE 406
FT. LAUDERDALE FL 33309

Mailing Address
4901 NW 17TH WAY, SUITE 406
FT. LAUDERDALE FL 33309

2. Principal Place of Business
6400 N. Andrews Ave
Suite, Apt. #, etc.
#320

3. Mailing Address
6400 N. Andrews Ave
Suite, Apt. #, etc.
#320

City & State
Ft Lauderdale FL
Zip
33309
Country
Broward

City & State
Ft Lauderdale FL
Zip
33309
Country
Broward

4. FEI Number
65-1061897

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, RICHARD H
4901 NW 17TH WAY, SUITE 406
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name **Richard H. Harris**
Street Address (P.O. Box Number is Not Acceptable)
6400 N. Andrews Ave
#320
City **Ft Lauderdale** **FL** **Zip Code** **33309**

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 *Richard H. Harris* **DATE** **1/8/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete DEPALO, ROBERT 4901 NW 17TH WAY #406 FORT LAUDERDALE FL 33309 #320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6400 N. Andrews Ave #320 Ft Lauderdale FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 of 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **DATE** **1/28/02** **DAYTIME PHONE #** **954 560 8840**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)