2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90045 029 ***158.75

DOCUMENT # P01000002797

1. Entity Name
CENTERSTATE SHOPPING CENTER DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
1142 Celebration Ave. Celebration, FL 34747	1142 Celebration Ave. Celebration, FL 34747

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1142 Celebration AVE.	1142 Celebration AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Celebration, FL	City & State: Celebration, FL
Zip: 34747 Country: OSCEOLA	Zip: 34747 Country: OSCEOLA

4. FEI Number 59-3698460 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILLER, J RICHARD 1142 Celebration Ave. Celebration, FL 34747	Name Street Address (P.O. Box Number is Not Acceptable): 1142 Celebration AVE. City: Celebration FL Zip Code: 34747

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: _____ W. T. PAUL LIAU D. 4-30-2003
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. The 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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, J RICHARD 1820 SOUTH FLORIDA AVE LAKELAND FL 33803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1142 Celebration AVE. Celebration, FL 34747
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLER, RITA G 1820 SOUTH FLORIDA AVE LAKELAND FL 33803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1142 Celebration AVE. Celebration, FL 34747
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIN, MEI HUEY L 4180 NORTHMEADOW CIRCLE TAMPA FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1142 Celebration AVE. Celebration, FL 34747
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIAU, W T PAUL 4180 NORTHMEADOW CIRCLE TAMPA FL 33624	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1142 Celebration AVE. Celebration, FL 34747
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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

SIGNATURE: _____ (Director) W.T. PAUL LIAU 4-30-2003 813-960-4449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #