

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90160 014 ***150.00

DOCUMENT # P01000014614



1. Entity Name
CENTEC SOLUTIONS CORP.

Principal Place of Business
3413 BRETWOOD DR
ORLANDO FL 32808

Mailing Address
3413 BRETWOOD DR
ORLANDO FL 32808

2. Principal Place of Business

3. Mailing Address

10704 PRIEBE RD

10704 PRIEBE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CLERMONT FL

City & State
CLERMONT FL

4. FEI Number **59-3697939**

Applied For
Not Applicable

Zip **34711** **Country** **LAKE**

Zip **34711** **Country** **LAKE**

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

GILLETTE, ELIZABETH
3413 BRETWOOD DR
ORLANDO FL 32808

Name

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

City

FL

Zip Code

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **GILLETTE, ERIC**
STREET ADDRESS **3413 BRETWOOD DR**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **10704 PRIEBE RD**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **D** ☐ **Delete**
NAME **GILLETTE, ELIZABETH**
STREET ADDRESS **3413 BRETWOOD DR**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **10704 PRIEBE RD**
CITY-ST-ZIP **CLERMONT FL 34711**

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

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/2003 352-394-1005

CR2E034 (10/02)