

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90069 001 ***150.00

DOCUMENT # P01000020135

1. Entity Name

Cen DST, INC

DO NOT WRITE IN THIS SPACE

656700

2. Principal Place of Business

4134 48th Ave SO.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 530 422

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG, FL.

City & State

ST. PETERSBURG, FL.

4. FEI Number

59-3710584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name SMITH, WALTER E.

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

1301 4th ST. N.

City ST. PETERSBURG

FL

Zip Code
33701

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRAS, D.
STEPHEN L. SMITH
4134 48th Ave SO.
ST. PETERSBURG, FL. 33711

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V.P., D.
TINA L. SMITH
4134 48th Ave SO.
ST. PETERSBURG, FL. 33711

TITLE
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CITY - ST - ZIP

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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 on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN L. SMITH

Date

4/26/02

Daytime Phone #

727-280-1032

CR2E034B (12/01)