

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000020135

FILED  
Apr 21, 2003  
Secretary of State

Entity Name: CENDST, INC.

## Current Principal Place of Business:

4134 48 AVE S  
ST. PETERSBURG, FL 33711

## New Principal Place of Business:

5633 LAPUERTA DELSOL BLVD  
#304  
ST. PETERSBURG, FL 33715

## Current Mailing Address:

PO BOX 530422  
ST PETERSBURG, FL 33747

## New Mailing Address:

FEI Number: 59-3710584      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, WALTER E  
1301 4TH ST. N.  
ST. PETERSBURG, FL 33701      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SMITH, STEPHEN L  
Address: 4134 48 AVE S  
City-St-Zip: ST. PETERSBURG, FL 33711

Title: VPD ( ) Delete  
Name: SMITH, TINA L  
Address: 4134 48 AVE S  
City-St-Zip: ST. PETERSBURG, FL 33711

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SMITH, STEPHEN L  
Address: 5633 LAPUERTA DELSOL BVLD #304  
City-St-Zip: ST. PETERSBURG, FL 33715

Title: VPD (X) Change ( ) Addition  
Name: SMITH, TINA L  
Address: 5633 LAPUERTA DELSOL BLVD #304  
City-St-Zip: ST. PETERSBURG, FL 33715

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN L. SMITH

PD

04/21/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date