

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90225 041 ***150.00

DOCUMENT # P01000037586

1. Entity Name

CENTURION ONE CORPORATION



Principal Place of Business

4733 W ATLANTIC AVE

SUITE C-14

DELRAY BEACH FL 33445

Mailing Address

10201 HAMMOCKS BLVD. 153

PMB 118

MIAMI FL 33196



2. Principal Place of Business

6601 LYONS ROAD

3. Mailing Address

1930 STATE RD. SOUTH 17

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE E 3

☐ CHECK HERE IF MAKING CHANGES

City & State

COCONUT CREEK

City & State

AVON PARK, FLORIDA

4. FEI Number

01-0604780

Applied For

Not Applicable

Zip

33073

Country

BROWARD

Zip

33825

Country

HIGHLANDS

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BURKHART, ALMA

1930 STATE ROAD SOUTH 17

AVON PARK FL 33825

7. Name and Address of New Registered Agent

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

Alma Burkhardt

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

(NOTE: Registered Agent signature required when reinstating)

4/23/2003

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

TITLE	CEO	<input type="checkbox"/> Delete
NAME	BRYSON, JORGE	
STREET ADDRESS	10201 HAMMOCKS BLVD. 153, PMB 118	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRYSON, JORGE	
STREET ADDRESS	10201 HAMMOCKS BLVD. 153, PMB 118	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRYSON, LORETTA	
STREET ADDRESS	10201 HAMMOCKS BLVD. 153, PMB 118	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRYSON, LORETTA	
STREET ADDRESS	10201 HAMMOCKS BLVD. 153, PMB 118	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	COB	<input type="checkbox"/> Delete
NAME	BRYSON, LORETTA	
STREET ADDRESS	10201 HAMMOCKS BLVD STE 153-118	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYSON JORGE	
STREET ADDRESS	1930 STATE RD. SOUTH 17	
CITY-ST-ZIP	AVON PARK, FLA 33825	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYSON, JORGE	
STREET ADDRESS	1930 STATE RD. SOUTH 17	
CITY-ST-ZIP	AVON PARK, FLA 33825	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYSON, LORETTA	
STREET ADDRESS	1930 STATE RD. SOUTH 17	
CITY-ST-ZIP	AVON PARK, FLA 33825	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYSON, LORETTA	
STREET ADDRESS	1930 STATE RD. SOUTH 17	
CITY-ST-ZIP	AVON PARK, FLA 33825	
TITLE	COB	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYSON, LORETTA	
STREET ADDRESS	1930 STATE RD. SOUTH 17	
CITY-ST-ZIP	AVON PARK, FLA 33825	
TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICK ESPINEL	
STREET ADDRESS	1930 STATE RD. SOUTH 17	
CITY-ST-ZIP	AVON PARK, FLA 33825	

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)

JORGE BRYSON

President

4/23/2003 305 382 6962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)