

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90076 027 \*\*\*150.00

**DOCUMENT # P01000071929**

**1. Entity Name**  
**CENTRIFICAL FORCE, INC.**

**Principal Place of Business**

**1805 WEDGEWOOD WAY.**  
**KISSIMMEE FL 34746**

**Mailing Address**

**1805 WEDGEWOOD WAY**  
**KISSIMMEE FL 34746**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**59-3732332**

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**

**SPIEGEL & UTRERA, P.A.**  
**1840 SOUTHWEST 22 STREET**  
**4TH FLOOR**  
**MIAMI FL 33145**

Name **BARNA, PAUL S**

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

**1805 WEDGEWOOD WAY**

City **KISSIMMEE**

**FL**

Zip Code **34746**

**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

*Laura Barna* **Laura Barna**

**4/22/02**

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)

☒

**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.**

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**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>PSTD</b>	<input type="checkbox"/> Delete
NAME	<b>BARNA, PAUL S</b>	
STREET ADDRESS	<b>1805 WEDGEWOOD WAY</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34746</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>BARNA, LAURA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BARNA, LAURA</b>	
STREET ADDRESS	<b>1805 WEDGEWOOD WAY</b>	
CITY-ST-ZIP	<b>KISSIMMEE, FL 34746</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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 an officer like empowered.**

**SIGNATURE:**

*Laura Barna* **Laura Barna**

Date

Daytime Phone #

**4/22/02 407-301-4325**

CR2E034 (9/01)