

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90117 009 ***150.00

DOCUMENT # P01000121244

1. Entity Name
CENTURY BADGE & ENGRAVING, INC.



Principal Place of Business
**2240 S.W. 70TH AVENUE
SUITE E
DAVIE FL 33317**

Mailing Address
**2240 S.W. 70TH AVENUE
SUITE E
DAVIE FL 33317**



2. Principal Place of Business
10266 NW 47 ST.
Suite, Apt. #, etc.

3. Mailing Address
10266 NW 47 ST.
Suite, Apt. #, etc.

City & State
SUNRISE, FL
Zip
33351 Country
USA

City & State
SUNRISE, FL
Zip
33351 Country
USA

4. FEI Number
01-0551497

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

ADDRESS CHANGE
☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HERMAN, SANDRA M
2240 S.W. 70TH AVENUE
SUITE E
DAVIE FL 33317**

7. Name and Address of New Registered Agent

Name
HERMAN, SANDRA M.
Street Address (P.O. Box Number is Not Acceptable)
10266 NW 47 ST.
City
SUNRISE FL Zip Code
33351

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 **Sandra M. Herman**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-10-03
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 NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete HERMAN, SANDRA M 2240 S.W. 70TH AVENUE SUITE E DAVIE FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	NEW ADDRESS <input type="checkbox"/> Delete 10266 NW 47 ST. SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **Sandra M. Herman** **SANDRA M. HERMAN** **3-10-03 (954) 741-5365**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #