

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90135 011 ***150.00

DOCUMENT # P02000001083

1. Entity Name
CENTENNIAL MORTGAGE & COMPANY, INC.



Principal Place of Business
4536 ASCOT CIRCLE NORTH
SARASOTA, FL 34235

Mailing Address
4536 ASCOT CIRCLE NORTH
SARASOTA, FL 34235

11010330

2. Principal Place of Business

1115 Wagon Wheel Drive
Suite, Apt. #, etc.

3. Mailing Address

1115 Wagon Wheel Drive
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

30-0013190

Applied For

Not Applicable

Zip

34240

Country

Sarasota

Zip

34240

Country

Sarasota

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, STEELE T
4536 ASCOT CIRCLE NORTH
SARASOTA, FL 34235

(address change)

Name

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

1115 Wagon Wheel Drive

City

Sarasota

FL

Zip Code

34240

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when replacing)

DATE

4/20/03

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	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steele Williams, secretary

4/20/03 (941) 366-8826

Date

Daytime Phone #

CP2E034 (10/02)