2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000046171



FILED Mar 20, 2003 8:00 am Secretary of State

1. Entity Na		COMPANY OF	CENTR	AL FLORIDA				03-20-2003	901 <i>6</i> 5 0	08 ***150	0.00
1820 OLD STABLE POINT				Mailing Address 1820 OLD STABLE POINT CHULUOTA FL 32766-7003							
2. Principal	Place of Busin	ness	3. Ma	illing Address							
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City & State				4. EEI Number	773	I	Applied For Not Applicable	
Zip	Zip Country		Zip		Country		1	5. Certificate of Status Desired		\$8.75 A Fee Requi	dditional
	6. Name	and Address of Currer	t Register	ed Agent			7	7. Name and Address of New I	Registered	•	
WOLFE, THOMAS W						Name					
1820 OLD STABLE POINT						Street Addre	Address (P.O. Box Number is Not Acceptable)				
CHULUOTA FL 32766-7003							, <u>.</u>				
_						City		 	FI	Zip Co	ode
8. The above the obligation	named entity tions of registe	r submits this statement i ered agent.	for the purp	oose of changing its	register	ed office or regi	stered	agent, or both, in the State of Flo	orida. I am	familiar with	n, and accept
SIGNATURE	Singature typed	or printed name of registered ager	ond title il and	Backle (NOT)							
Afte	ILE NOW!!! r May 1, 200	FEE IS \$150.00 3 Fee will be \$550.00			_ neglatere	d Agent signature req	urea wne	9. Election Campaign Fir		\$5.	00 May Be
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS								Trust Fund Contributio	_		ed to Fees
10.	р	OFFICERS AND	DIRECTO		11.			ADDITIONS/CHANGES TO OFF	ICERS ANI	D DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WOLFE, THOMAS W			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		7		☐ Delete		1		- 1	,=	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			☐ Delete	TITLE NAME STREE CITY-S	TADDRESS			·	☐ 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. THUMASW WOUTE

SIGNATURE: _