

FILED
Jun 04, 2003 8:00 am
Secretary of State

05-05-2003 91416 027 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000093484 1. Entity Name CENTRAL FLORIDA PROPERTY SERVICES, INC.																													
Principal Place of Business 215 2 ST SE WINTER HAVEN, FL 33881		Mailing Address 215 2 ST SE WINTER HAVEN, FL 33881																											
2. Principal Place of Business 215 2ND ST SE Suite, Apt. #, etc.		3. Mailing Address 215 2ND ST SE Suite, Apt. #, etc.																											
City & State Winter Haven FL Zip 33880		City & State FL Zip 33880		4. FEL Number 061666249 Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES																											
6. Name and Address of Current Registered Agent GOVONI, BRIAN R 506 AVENUE A NW STE 102 WINTER HAVEN, FL 33881			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 If signatory, typed or printed name of signatory agent and title if applicable. (NOTE: Signatory Agent's signature must be on this statement.)																													
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																										
10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE D NAME CHRISTIE, NEIL STREET ADDRESS 215 2 ST SE CITY-STATE-ZIP WINTER HAVEN, FL 33881 </td> <td style="width: 50%; padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Delete </td> </tr> </table>			TITLE D NAME CHRISTIE, NEIL STREET ADDRESS 215 2 ST SE CITY-STATE-ZIP WINTER HAVEN, FL 33881	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Delete	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 2px;"> TITLE NAME STREET ADDRESS CITY-STATE-ZIP </td> <td style="padding: 2px;"> ☐ Change ☐ Addition </td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes, and 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 recipient 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 attached sheet of address, with an other like empowered.																													
SIGNATURE: <u><i>Neil Christie</i></u> VICE PRESIDENT 4/30/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATORY OFFICER OR DIRECTOR																													

55046286



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CH2004 (10/02)