

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90559 047 ***150.00

DOCUMENT # P02000098773

1. Entity Name
CENTERRE SALES ASSOCIATES, INC.



Principal Place of Business
3225 S. MACDILL AVENUE
SUITE 129 -163
TAMPA FL 33629-8171

Mailing Address
3225 S. MACDILL AVENUE
SUITE 129 -163
TAMPA FL 33629-8171



2. Principal Place of Business
3225 S. MacDill Ave

3. Mailing Address
3225 S. MacDill Ave

Suite, Apt. #, etc.
#129-163

Suite, Apt. #, etc.
#129-163

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33629-8171

Country
USA

Zip
33629-8171

Country
USA

4. FEI Number
52-2376349

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

VALLIERES, ALINE
3225 S. MACDILL AVENUE
SUITE 129 -163
TAMPA FL 33629-8171

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

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **VALLIERES, ALINE**
STREET ADDRESS **3225 S. MACDILL AVENUE, #129-163**
CITY-ST-ZIP **TAMPA FL 33629-8171**

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

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CITY-ST-ZIP

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

ALINE VALLIERES
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03 (813) 835-3718
Date Daytime Phone #

CR2E034 (10/02)