

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

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-10-2003 90138 029 ***150.00

DOCUMENT # P34377

1. Entity Name
CENTURION RESIDENCE SERVICES, INC.



Principal Place of Business
**1601 FORUM PLACE, STE P-2
WEST PALM BEACH FL 33401**

Mailing Address
**1601 FORUM PLACE, STE P-2
WEST PALM BEACH FL 33401**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0261002**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALLAHAN, RICHARD P.
1601 FORUM PLACE, P-2
WEST PALM BEACH FL 33401**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KOCH, WILLIAM I. 1601 FORUM PLACE, P-2 WEST PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/CM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CALLAHAN, RICHARD P. 1601 FORUM PLACE, P-2 WEST PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Reinacher, Steven 1601 Forum Place, Suite 1002 West Palm Beach, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHIPLEY, ZACHARY K. 1601 FORUM PLACE, P-2 WEST PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Curley, Mark 339 West-Bay Road Osterville, MA 02655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. VP Elroy, James 318 Indian Trace #511 Weston, FL 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **REQUIRED** Richard P. Callahan

(561) 697-4300

CENTURION RESIDENCE SERVICES, INC.
1601 FORUM PLACE SUITE 1002
WEST PALM BEACH, FL 33401-8105

BANK OF AMERICA
NATIONAL ASSOCIATION
63-243/670

580110806512

HP 34377 2/6/2003

TO THE
ORDER OF

FL. Secretary Of State

\$ **150.00

One Hundred Fifty and 00/100*****

DOLLARS

FL. Secretary Of State

Handwritten signature

MEMO

UBR report

⑈006512⑈ ⑆067002436⑆ 3601812134⑈

CENTURION RESIDENCE SERVICES, INC.
FL. Secretary Of State

2/6/2003

6512
150.00

BofA Checking OP UBR report

150.00