## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P92000009468

Entity Name: CENTRA WORLDWIDE OF FLORIDA, INC.

FILED Apr 02, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 815 S MAIN STREET 6TH FLOOR JACKSONVILLE, FL 32207 US **New Mailing Address: Current Mailing Address:** 815 S MAIN ST **6TH FLOOR** JACKSONVILLE, FL 32207 US FEI Number: 59-3160970 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRICE, ROBERT J 815 S. MAIN STREET 6TH FLOOR JACKSONVILLE, FL 32207 US 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. SIGNATURE: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: CEOD (X) Change ( ) Addition SUDDATH, STEPHEN M SUDDATH, STEPHEN M Name: Name: 815 S. MAIN STREET 815 S. MAIN STREET Address: Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: JACKSONVILLE, FL Title: Title: () Delete () Change () Addition Name: STRICKLAND, BARBARA S Name: 815 S. MAIN STREET Address: Address: JACKSONVILLE, FL City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition BELL, A. QUINN Name: Name: 815 S MAIN STREET Address: Address: JACKSONVILLE, FL City-St-Zip: City-St-Zip: Title: VTD ( ) Delete Title: () Change () Addition PRICE, ROBERT J Name: Name: Address: 815 S. MAIN STREET Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition MACKER, BRETT Name: MACKER, BRETT Name: 14801 ABLE LANE Address: 14801 ABLE LANE Address: HUNTINGTON BEACH, CA 92647 HUNTINGTON BEACH, CA 92647 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition DUROSS, H. ROBERT Name: Name: 815 S. MAIN STREET Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J. PRICE VTD 04/02/2002