

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # P93000057988**1. Entity Name
CENTAC INVESTMENT GROUP, INC.

Principal Place of Business

1214 ST TROPEZ CIR

ORLANDO
32806

FL

Mailing Address

1214 ST TROPEZ CIR

ORLANDO
32806

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3195835

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAYLE DENNIS
1214 ST TROPEZ CIRORLANDO
32806

FL

7. Name and Address of New Registered Agent

Name

DAYLE DENNIS

Street Address (P.O. Box Number is Not Acceptable)

1214 ST TROPEZ CIR

City
ORLANDO

FL

Zip Code
32806

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.

SIGNATURE _____ 04/19/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T ☐ Delete
NAME DAYLE DENNIS
STREET ADDRESS 1214 ST TROPEZ CIR
CITY-ST-ZIP ORLANDO FL 32806TITLE T ☒ Change ☐ Addition
NAME DAYLE DENNIS
STREET ADDRESS 1214 ST TROPEZ CIR
CITY-ST-ZIP ORLANDO FL 32806TITLE CPMS ☐ Delete
NAME DAYLE DENNIS
STREET ADDRESS 1214 ST TROPEZ CIRCLE
CITY-ST-ZIP ORLANDO FLTITLE CPMS ☒ Change ☐ Addition
NAME DAYLE DENNIS
STREET ADDRESS 1214 ST TROPEZ CIRCLE
CITY-ST-ZIP ORLANDO FL 32806TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dennis Dayle

CP

04/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)