

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90127 027 ***158.75

DOCUMENT # P93000071448

1. Entity Name
CENTRAL HOLDINGS, INC.

Principal Place of Business
P.O. BOX 9060
WOODSTOCK
NEW BRUNSWICK, CANADA E7M5C3
CA

Mailing Address
P.O. BOX 9060
WOODSTOCK
NEW BRUNSWICK, CANADA E7M5C3
CA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
300 Lockhart Mill Rd
Suite, Apt. #, etc.
Woodstock
City & State
New Brunswick
Zip
E7m 5c3
Country
Canada

3. Mailing Address
300 Lockhart Mill Rd
Suite, Apt. #, etc.
Woodstock
City & State
New Brunswick
Zip
E7m 5c3
Country
Canada

4. FEI Number 59-3212896
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
NEUKAMM, MICHAEL E
301 E. PINE STREET
SUITE 1400
ORLANDO FL 32801

7. Name and Address of New Registered Agent
Name - Michael E. Neukamm
Street Address (P.O. Box Number is Not Acceptable)
301 E. Pine Street
Suite 1400
City Orlando FL Zip Code 32801

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 _____
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARRETT, EDWARD		NAME		
STREET ADDRESS	300 LOCKHART MILL RD.		STREET ADDRESS		
CITY-ST-ZIP	WOODSTOCK, NEW BRUNSWICK		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARRETT, MALCOLM		NAME		
STREET ADDRESS	300 LOCKHART MILL RD.		STREET ADDRESS		
CITY-ST-ZIP	WOODSTOCK, NEW BRUNSWICK		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARRETT, WILLIAM		NAME		
STREET ADDRESS	300 LOCKHART MILL RD.		STREET ADDRESS		
CITY-ST-ZIP	WOODSTOCK NEW BRUNSWICK		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GINSON, DAVID		NAME		
STREET ADDRESS	300 LOCKHART MILL RD.		STREET ADDRESS		
CITY-ST-ZIP	WOODSTOCK, NEW BRUNSWICK		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(506) 328-1217

CR2E034 (9/01)