

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000085793**

Entity Name

CENTRAL SYSTEMS S.E., INC.

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90041 001 \*\*\*158.75

0083896 AV

**602900**

DO NOT WRITE IN THIS SPACE

|   |  |   |   |
|---|--|---|---|
| Principal Place of Business<br><b>520 IROQUOIS<br/>SANFORD FL 32773</b>   |  | Mailing Address<br><b>2620 IROQUOIS<br/>SANFORD FL 32773</b>  |   |
| Principal Place of Business   |  | 3. Mailing Address  |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |
| City & State  |  | City & State  |   |
| Zip   | Country  | Zip   | Country   |
| 4. FEI Number<br><b>59-3220577</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$8.75 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br><b>CLARK, DONNA<br/>2620 IROQUOIS<br/>SANFORD FL 32773</b>   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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. |  |   |   |
| SIGNATURE _____ (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. <input type="checkbox"/> (See criteria on back)     |  | FILE NOW!!! FEE IS \$150.00<br>After May 1, 2002 Fee will be \$550.00<br>Make Check Payable to Department of State                      |   |
| 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>   |  | \$5.00 May Be Added to Fees   |   |
| 11. OFFICERS AND DIRECTORS  |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>CLARK, ROBERT W<br/>2620 IRIQUOIS AVE.<br/>SANFORD FL 32773</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>CLARK, DONNA<br/>2620 IRIQUOIS AVE.<br/>SANFORD FL 32773</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:***Donna Clark* President

02/13/02 407-330-1660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C20F034 (9/01)