

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90058 045 ***150.00

DOCUMENT # P94000028305

1. Entity Name
CENTRAL STATE, INC.

Principal Place of Business 1109 E ALTAMONTE A ALTAMONTE SPRINGS FL 32701	Mailing Address 1109 E ALTAMONTE A ALTAMONTE SPRINGS FL 32701-5000 US
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B0021956



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1113 E. ALTAMONTE DR. Suite, Apt. #, etc.	3. Mailing Address SAME Suite, Apt. #, etc.
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City & State ALTAMONTE SPRINGS, FL	City & State	4. FEI Number 59-3232568	Applied For <input type="checkbox"/> Not Applicable
Zip 32701-5000	Country SEMINOLE	Zip	Country

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

6. Name and Address of Current Registered Agent
**HAYSAM, GEORGI
 1109 E ALTAMONTE DR
 ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent
 Name **HAYSAM GEORGI**
 Street Address (P.O. Box Number is Not Acceptable)
1113 E. ALTAMONTE DRIVE
 City **ALTAMONTE SPRINGS FL** Zip Code **32701-5000**

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 DATE **1-17-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAYSAM, GEORGI		NAME HAYSAM, GEORGI	
STREET ADDRESS 1109 E ALTAMONTE DR		STREET ADDRESS 1113 E. ALTAMONTE DRIVE	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701		CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701-5000	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAISON, GEORGI		NAME MAISON, GEORGI	
STREET ADDRESS 1109 E ALTAMONTE DR		STREET ADDRESS 1113 E. ALTAMONTE DRIVE	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701		CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701-5000	
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	
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: DATE **1-31-00** DAYTIME PHONE # **407-260-8222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)