

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER A. WILSON
COMMISSIONER
1900 BANKERS BUILDING
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED
95 MAY 11 AM 9:38
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000089178 (5)**

CENTRAL UNION, INC.

1. Name of Corporation % GARY MAKSIMOWICH 1225 BENNET DR SUITE 108 LONGWOOD FL 32750		2. Name of Agent % GARY MAKSIMOWICH 1225 BENNET DR SUITE 108 LONGWOOD FL 32750		3. Date of Incorporation 12/09/1994		3a. Date of Last Report 	
21. State of Incorporation FL		26. Mailing Address State: FL		4. FEE Number Applied For		5. Certificate of Status Desired ☒ Applied for ☐ Not Applicable	
22. City of Incorporation FL		27. City & State 		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
23. City & State 		28. City & State 		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
24. City 		29. City 		8. Does corporation have liability for intangible tax under Florida Statutes? ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent CORRENTI, PETER J ESQ 246 N WESTMONTE DR SUITE 205 ALTAMONTE SPRINGS FL 32714				10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code			
11. Pursuant to the provisions of Sections 607.05(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and take effect the application of Chapter 607, Florida Statutes.							
SIGNATURE _____							
12. OFFICERS AND DIRECTORS NAME: D MAKSIMOWICH, GARY ADDRESS: 1225 BENNET DR SUITE 108 LONGWOOD FL 32750							
13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY 1. NAME ☐ Change ☐ Addition 2. NAME ☐ Change ☐ Addition 3. NAME ☐ Change ☐ Addition 4. NAME ☐ Change ☐ Addition 5. NAME ☐ Change ☐ Addition 6. NAME ☐ Change ☐ Addition 7. NAME ☐ Change ☐ Addition 8. NAME ☐ Change ☐ Addition 9. NAME ☐ Change ☐ Addition 10. NAME ☐ Change ☐ Addition 11. NAME ☐ Change ☐ Addition 12. NAME ☐ Change ☐ Addition 13. NAME ☐ Change ☐ Addition 14. NAME ☐ Change ☐ Addition 15. NAME ☐ Change ☐ Addition 16. NAME ☐ Change ☐ Addition 17. NAME ☐ Change ☐ Addition 18. NAME ☐ Change ☐ Addition 19. NAME ☐ Change ☐ Addition 20. NAME ☐ Change ☐ Addition							

14. I hereby certify that the information supplied with this filing is completely furnished and does not qualify for this corporation's status as a corporation under Florida Statutes. I further certify that the information is correct and that the corporation's request for supplemental and general request for change of status and that my signature shall have the same legal effect as if made by the corporation's board of directors or the corporation's officers or the corporation's authorized agent or by a duly authorized officer or director of the corporation. I am familiar with and take effect the application of Chapter 607, Florida Statutes, and that my name appears on the back of this filing. I am not a corporation or a partnership with an address.

SIGNATURE: *Gary Maksimowich* 5-8-95 407-332-0188

 SIGNATURE OF OFFICER OR DIRECTOR OR BOARD OFFICER OR DIRECTOR