

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90144 016 ***150.00

DOCUMENT # P95000013959

1. Entity Name

CENTURY CONSULTING SERVICES INC.

Principal Place of Business

**6673 EDGEWORTH DR
ORLANDO FL 32819
US**

Mailing Address

**6673 EDGEWORTH DR
ORLANDO FL 32819
US**

2. Principal Place of Business

7766 APPLE TREE CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

7766 APPLE TREE CIRCLE

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

Zip

32819

Country

USA

Zip

32819

Country

USA

4. FEI Number

65-0562728

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROGERS, DONALD J
6673 EDGEWATER DR
ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name **ROGERS, CANDACE P**
Street Address (P.O. Box Number is Not Acceptable)
7766 APPLE TREE CIRCLE
City **ORLANDO** FL Zip Code **32819**

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 **CANDACE P. ROGERS PRESIDENT Candace P Rogers** **FEB 18 2002**

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 Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROGERS, DONALD J 6673 EDGEWATER DR ORLANDO FL 32819	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROGERS, CANDACE P 7766 APPLE TREE CIRCLE ORLANDO FL 32819	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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: **CANDACE P. ROGERS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 18 2002 **407-351-9223**
Date Daytime Phone #

CR2E034 (9/01)