2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017325 1. Entity Name FLORIDA CENTRAL SERVICES, INC.

Principal Place of Business		Mailing Address								
2727 LAKE MUNSON ST TALLAHASSEE FL 32310		2727 LAKE MUNSON ST. TALLAHASSEE FL 32310								
					† 1 8 1 8 18 1 8 18	A HANDI ANNI ABINE HANI B i n	 		AAL ANK IAAL	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State			4. FEI Number				oplied For	7
City & State		Only di Oldie			4. FEINGINGE	09-02909 14			Not Applicable	
Zip	Country Zip Cour		`Country		5. Certificate of Status Desired					
	6. Name and Address of Curren	t Registered Agent		,	7. Name and A	ddress of New Reg	Istered Age	ent		1
			Na	ame						7
	RAMORE, LINDA G		Str	Street Address (P.O. Box Number is Not Acceptable)						
	LAKE MUNSON ST AHASSEE FL 32310									1
			Ci	ty			FL	Zip Cod	e	1
8. The above	named entity submits this statement	for the purpose of changing its	registered of	fice or register	ed agent, or both	, in the State of Florid	a.			1
	•		_							
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registered Ager	nt signature required	when reinstating)		DATÉ			
O This serve	eration in aliable to estimate its Intensib	6 FILE NOW!	II FEE IS	150.00						1
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 		-	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$55			tion Campaign Finan t Fund Contribution.	cing		May Be	
(See criteria on back)		Make Check Payab			te linus	reund Contribution.		Added	110 Fees	
11.	OFFICERS AND	D DIRECTORS	12.		ADDITIONS/C	HANGES TO OFFICE	RS AND DI	RECTOR	SIN 11	1
TITLE	D	☐ Delete	TITLE			•] Change	☐ Addition	Ş
NAME	SANCHEZ, MIGUEL		NAM€							1
STREET ADDRESS	3167 TIFFANY STREET		STREET ADD							5
CITY-ST-ZIP	TALLAHASSEE FL 32311		CITY-ST-Z	IP						ַ בְּ
TITLE	D	☐ Delete	TITLE] Change	☐ Addition	5
NAME	PARAMORE, LINDA		NAME							
STREET ADDRESS	2727 LAKE MUNSON ST.		STREET ADD							
CITY-ST-ZIP	TALLAHASSEE FL 32310		CITY-ST-Z	IP						4
TITLE		☐ Delete	TITLE					Change	Addition	
NAME			NAME STREET ADI	DD500						
STREET ADDRESS			STREET ADU	ŀ						
CITY-ST-ZIP			_	ır				7 Change		╡
TITLE		☐ Delete	TITLE NAME				L	Change	☐ Addition	
NAME CTREET ADDRESS			STREET ADD	OBESS						
STREET ADDRESS CITY-ST-ZIP			CITY-ST-Z	1						
			TITLE					Change	Addition	1
TITLE NAME		☐ Delete	NAME					_ Unitarigo		
STREET ADDRESS			STREET ADD	DRESS						1
CITY-ST-ZIP		•	CITY-ST-Z	1						
TITLE		□ Delete	TITLE				Г	Change	☐ Addition	1
NAME		□ Delete	NAME				_			
STREET ADDRESS	:	•	STREET ADI	DRESS						ľ

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

inda G. Paramore

3-26.0

850-575-5605

Daytime Phone #

FILED

Mar 27, 2001 8:00 am Secretary of State

03-27-2001 90018 027 ***150.00