

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90139 040 \*\*\*150.00

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**DOCUMENT # P95000017325**

1. Entity Name  
**FLORIDA CENTRAL SERVICES, INC.**



Principal Place of Business  
**2727 LAKE MUNSON ST. 2775 Cathedral Dr.**  
**TALLAHASSEE FL 32310 Lot 318**  
**Tallahassee, FL 32310**

2. Principal Place of Business  
**2775 Cathedral Drive**  
Suite, Apt. #, etc.  
**Lot 318**

City & State  
**Tallahassee, Fla.**

Zip Country  
**32310 USA**

3. Mailing Address  
**2775 Cathedral Dr.**  
Suite, Apt. #, etc.  
**Lot 318**

City & State  
**Tallahassee, FL**

Zip Country  
**32310 USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3298914** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**Miguel Sanchez**  
**PARRAMORE, LINDA G**  
**2727 LAKE MUNSON ST. 2775 Cathedral Dr.**  
**TALLAHASSEE FL 32310 Lot 318**  
**Tallahassee, FL 32310**

7. Name and Address of New Registered Agent

Name  
**Miguel Sanchez**  
Street Address (P.O. Box Number is Not Acceptable)  
**2775 Cathedral Drive**  
**Lot 318**  
City **Tallahassee** FL Zip Code **32310**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Miguel Sanchez* DATE **4/22/03**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SANCHEZ, MIGUEL</b> <b>3167 TIFFANY STREET</b> <b>TALLAHASSEE FL 32311</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PARRAMORE, LINDA</b> <b>2727 LAKE MUNSON ST.</b> <b>TALLAHASSEE FL 32310</b>	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Miguel Sanchez* DATE **4/22/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)