

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90090 049 ***150.00

DOCUMENT # P95000047067

1. Entity Name
CENTARI, INC.

Principal Place of Business

**5551 80 PLACE
 PINELLAS PARK FL 34666
 US**

Mailing Address

**P.O. BOX 1816
 PINELLAS PARK FL 34666
 US**

2. Principal Place of Business

5736 80th Av. N.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pinellas Park, FL

City & State

Zip

Country

33781 U.S.A.

Zip

Country

4. FEI Number **59-3326283**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ZEOLI, SAM JR
 8413 JACARANDA AVE
 SEMINOLE FL**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **DP** ☐ Delete
 NAME **CAREW, MARLENE F**
 STREET ADDRESS **5551 80TH PLACE**
 CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **T** ☐ Delete
 NAME **ZEOLI JR., SAM**
 STREET ADDRESS **8413 JACARANDA AVE**
 CITY-ST-ZIP **SEMINOLE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/02 **727-545-0950**
262-514-3000

Date Daytime Phone #

CR2E034 (4/02)

Attachment

#P95000047067

CENTARI, Inc.

Phone (262) 514-3000

Fax (262) 514-2962

Masonry & Concrete Contractor

To Whom It May Concern,
I did not receive any prior notice
or form. This is my first notification.
I am enclosing a check for \$150⁰⁰.
I am liable for a penalty, please let
me know.

Sincerely,
Marlene F. Carew