

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90083 044 ***150.00

DOCUMENT # P95000048893

1. Entity Name
CENTRAL MINERALS CORPORATION

Principal Place of Business 290 PARADISE BLVD. NO. 36 INDIALANTIC FL 32903	Mailing Address 290 PARADISE BLVD. NO. 36 INDIALANTIC FL 32903-2457
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-3326841	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State	City & State		
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent		
HOFMANN, ERNST G 290 PARADISE BLVD. NO. 36 INDIALANTIC FL 32903	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.

SIGNATURE *Ernst G. Hofmann* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT HOFMANN, ERNST G 290 PARADISE BLVD., NO. 36 INDIALANTIC FL 32903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SOONG, TONY R 190 WINDING MEADOW WAY MONUMENT CO 80132 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Ernst G. Hofmann* **Ernst G. Hofmann** 4/5/00 321-777-9462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)