May 04, 2001 8:00 am
Secretary of State
05-04-2001 90166 030 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000087339

1. Entity Name

Centennial Homes, Inc.

Principal Place of Business / Mailing Address

C0060371

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8257 S. US 1	1030 US. Highway One
Suite, Apt. #, etc.	Suite, Apt. #, etc. #406
City & State: Port St. Lucie, FL	City & State: North Palm Beach, FL
Zip: 34952 Country: US	Zip: 33408 Country: US

4. FEI Number 650629972 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
A.E. Greenwalt 8257 South US 1 Port St. Lucie, FL 34952	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 ______ 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) ☐

[redacted]

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD M.W. Beasley Jr. 1030 U.S. Highway One, #406 North Palm Beach, FL 33408 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDST A.E. Greenwalt 8257 S. US 1 Port St. Lucie, FL 34952 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: M. Martin Beasley Jr. 4-26-01 561-694-8667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #