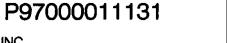
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #**

1. Entity Name CENTRAL ASSOCIATES, INC.





FILED Apr 02, 2003 8:00 am Secretary of State

04-02-2003 90115 047 ***150.00

	· · · · · · · · · · · · · · · · · · ·								
Principal Place of Business 1325 S. CONGRESS AVE STE 201 BOYNTON BCH FL 33426 US		Mailing Address 1325 S. CONGRESS AVE STE 201 BOYNTON BCH FL 33426 US							
2. Principal Place of Business		3. Mailing Address			-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 65-072817	8		plied For t Applicable	
Zip	Country	Zip Count		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Nam	Registered Agent			7. Name and Address of New Registered Agent]	
			Name MARY HANDY						
DEWEES, LEDYARD								┨	
270 NW 3RD COUR	Street Address			(P.O. Box Numbo is Not Acceptable) AVS # 20					
BOCA RATON FL 33432								<u> </u>	1
BOOK TO THOM TO SO TO LE				City Roy	NOON BENEH	FL	Zip Code	20	1
5 T)	the control of the state of the			1 7		Torido Lom fo	J 35Y	ond posses	-
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, type	d of printed same of registered agents	and title if applicable. (NO	TE: Registere	ed Agent signature required	3/3/	DATE			}
	!!! FEE \$ \$150.00	<u> </u>							1
	003 Fee will \$2 \$550.00		9. Election Campaign I	P1991		0 мау Ве			
Make Check Payable to Florida Department of State					Trust Fund Contribut	tion.	Added	to Fees	-
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTORS	3 IN 11	1
TITLE PD	<u> </u>	☐ Delete	TITL	E			☐ Change	☐ Addition	1
NAME HARDY, I	MARY F		NAM	E					3
STREET ADDRESS 1325 S. CONGRESS AVE -STE 201			STRI	EET ADDRESS			·		1
CITY-ST-ZIP BOYNTO	N BCH FL 33426		CITY	r-St-ZIP			•		Ĭ
TITLE		☐ Delete	TITL	E			Change	☐ Addition	Ì
NAME			NAM	-					ľ
STREET ADORESS				EET ADDRESS					
CITY-ST-ZIP				'-ST-ZIP					-
TITLE		☐ Delete	TITL	- I			Change	Addition	
NAME STREET ADDRESS			NAM STRI	EET ADDRESS					l
CITY-ST-ZIP				-ST-ZIP					
TITLE	*** · ·	☐ Delete	TITL	F	# W.F.		☐ Change	Addition	†
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STREET ADDRESS			STRI	EET ADDRESS					
CITY-ST-ZIP			CITY	'-ST-ZIP					
TITLE	•	☐ Delete	TITL	E		•	Change	Addition	1
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STREET ADDRESS ,				EET ADDRESS					
CITY-ST-ZIP				'-ST-ZIP					-
TITLE		☐ Delete	TITL				☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM	EET ADORESS					
STREET ADDRESS CITY-ST-ZIP				'-ST-ZIP					
	ho information averaged of the	this filing does not receive to		<u> </u>	ection 119.07(3)(i), Florida Statutes	e I further co-ti	fu that the i-	formation	1
indicated on this rep	ort or supplemental report is	true and accurate and that	my signa	iture shall have the :	same legal effect as if made unde	er oath: that I an	n an officer (or director	
or the corporation or changed, or on an al	the receiver or trustee empo Itachment with an address, v	owerea to execute this repor with all other like empowered	t as requi d.	red by Chapter 607	7, Florida Statutes; and that my na				
2/2/201 - 1/20									