## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

SIGNATURE:

## Secretary of State P97000041048 DOCUMENT # 03-07-2003 90137 011 \*\*\*150.00 1. Entity Name CENTURY INTERNATIONAL MARKETING INC. Principal Place of Business Mailing Address エルカウクやオオ 1891 PORTER LAKE DR 1891 PORTER LAKE DR 111 111 SARASOTA FL 34240 SARASOTA FL 34240 US 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 Applied For 65-0755633 Not Applicable 'Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAN, PATRICIA A Street Address (P.O. Box Number is Not Acceptable) 1891 PORTER LAKE DR SUITE 111 SARASOTA FL 34234 City 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition TAN, KHENG K NAME STREET ADDRESS 1891 PORTER LAKE DR, SUITE 111 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34240 CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME TAN, PATRICIA A NAME STREET ADDRESS 1891 PORTER LAKE DR, SUITE 111 STREET ADDRESS SARASOTA FL 34240 CITY-ST-ZIP CITY-ST-7IP TITLE Delete. TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7P TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 chapter 607, or on an attachment with an address, with all other like empowered.

03

377

9816

FILED Mar 07, 2003 8:00 am