

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000048767

FILED
Apr 21, 2003
Secretary of State

Entity Name: CENTRAL SUBURBAN, INC.

Current Principal Place of Business:

4932 S SHORE DRIVE
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

4932 S SHORE DRIVE
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 59-3456491 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENKVELD, JOHN A
4932 S SHORE DRIVE
NEW PORT RICHEY, FL 34652

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MENKVELD, JOHN A
Address: 4932 S SHORE DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP () Delete
Name: MENKVELD, BETTY J
Address: 4932 S SHORE DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP (X) Delete
Name: KERBER, BRUCE D
Address: 766 - 208TH AVE NE
City-St-Zip: CEDAR, MN 55011 US

Title: VP () Delete
Name: VINJE, TERESA A
Address: 12331 PARTRIDGE ST. NW
City-St-Zip: COON RAPIDS, MN 55448 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA A. VINJE

VP

04/21/2003

Electronic Signature of Signing Officer or Director

_____ Date