

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 97 000060999

1. Entity Name

CENTURION - GLOBAL CORP.

673028

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8025 EXCELSIOR DRIVE

3. Mailing Address

8025 EXCELSIOR DRIVE

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

DO NOT WRITE IN THIS SPACE

City & State

MADISON, WISCONSIN

City & State

MADISON, WISCONSIN

4. FEI Number

Applied For

☒ Not Applicable

Zip

53717

Country

USA

Zip

53717

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

BUSINESS FILINGS INCORPORATED

Street Address (P.O. Box Number is Not Acceptable)

1000 WEST AVENUE

SUITE 1114

City

MIAMI BEACH

FL

Zip Code

33139

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D- BORSTNAR PETER
CESTA TALCEV 54
SI-1215 LJUBLJANA, R SLOVENIA

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: MR. PETER BORSTNAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 10, 2002

Date

Daytime Phone #

CR2ED04B (12/95)