

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90205 029 \*\*\*150.00

DOCUMENT # P97000062871

1. Entity Name  
**CENTURY PLUS, INC.**

*R*

Principal Place of Business <b>104 HOMESTEAD BLVD. HOMESTEAD FL 33090</b>	Mailing Address <b>C/O DONALD DEERFIELD 143 BAREFOOT COVE HYPOLUXO FL 33462</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>65-0771040</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DEERFIELD, DONALD  
143 BAREFOOT COVE  
HYPOLUXO FL 33462**

7. Name and Address of New Registered Agent

Name: **Henry K Gibbs**  
 Street Address (P.O. Box Number is Not Acceptable): **104 N. Homestead Blvd.**  
 City: **Homestead** FL Zip Code: **33090**

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: *Henry K Gibbs* (NOTE: Registered Agent signature required when reinstating) DATE: **6-17-2000**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$350.00**  
**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: <b>V</b>	<input type="checkbox"/> Delete
NAME: <b>GIBBS, HENRY K</b>	
STREET ADDRESS: <b>104 HOMESTEAD BLVD.</b>	
CITY-ST-ZIP: <b>HOMESTEAD FL 33090</b>	
TITLE: <b>P</b>	<input checked="" type="checkbox"/> Delete
NAME: <b>DEERFIELD, DONALD</b>	
STREET ADDRESS: <b>143 BAREFOOT COVE</b>	
CITY-ST-ZIP: <b>HYPOLUXO FL 33462</b>	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>Gibbs, Henry K</b>	
STREET ADDRESS: <b>104 Homestead Blvd.</b>	
CITY-ST-ZIP: <b>Homestead FL 33090</b>	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

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: *Henry K Gibbs* DATE: **6-22-2000** DAYTIME PHONE #: **305-242-0626**