## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P97000092844

THE CENTRE STREET COMPANY



**FILED** Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90164 021 \*\*\*150.00

Suite, Apt. 6, etc.  Suite, Ap	rincipal Piace of Business 17 CENTRE STREET ERNANDINA BEACH FL 32034		Mailing Address P O BOX 706 FERNANDINA BEACH FL 32034									
City & State  Country  Country  S. Certificate of Status Desired  Status Address of New Registered Agent  Nome  State Address of New Registered Agent  State Address of New Registered Agent  State Address of New Registered Agent  The Above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florids. I am family a with, and accept the obligation of the programmed agent submits agent agent of or registered agent, or both, in the State of Florids. I am family a with, and accept the obligation of the programmed agent age	. Principal Pl	ace of Business	3. Mailir	3. Mailing Address								
Specificate of Stratus Desired   Sp. 3476654   Not Applicable	Suite, Apt.	#, etc.	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
S. Celtricated Statistal Desired  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  North WILLIAM J.JR. 317 CENTRE STRET  FERNANDINA BEACH FL 32034  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  Address (P.O. Box Number is Not Acceptable)  Address (P.O. Box Number is Not Acceptable  City  City  City  City  FL  Zip Code  City  City  City  Cit	City & State		City & State			4. FEI Number		59-3476654	<del></del>			
Name - Street Address (P.O. Box Number is Not Acceptable)    The across named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of Florida Danate with	Zip	Country	Zip Cou			try	5. (					
City FL Zip Code  L. 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 types 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 types of chief agent with the contrators.  PLE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  O. OFFICERS AND DIRECTORS  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE MAKE STREET ADDRESS  CITY-ST-2P  MOCK, WILLIAM J JR. 1678 REGAITA DRIVE FERNANDINA BEACH FL 32034  FIREY TARRY R  144 SUMMITT RIDGE LANE  JACKSONVILLE FL 32256  Delder Delder TITLE  NAME  STREET ADDRESS  CITY-ST-2P  DELGE  CITY-ST-2P  DELGE  CITY-ST-2P  DELGE  CITY-ST-2P  DELGE  CITY-ST-2P  DELGE  STREET ADDRESS  CITY-ST-2P  DELGE  CITY-ST-2P  DELGE  STREET ADDRESS  CITY-ST-2P  DELGE  CITY-ST-2P  STREET ADDRESS  CITY-ST-2P  DELGE  STREET	6. Name and Address of Current Registered Agent					Name		Name and Address of New Reg	istered Ag	ent		
The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature	317 CENTI	RE STREET			Street Ad	Idress (P.O. B	ox Number is Not Acceptable)					
SIGNATURE    File NOW!!! FEE IS \$150.00	FERNANDINA BEACH FL 32034								FL	Zip Code		
Make Check Payable to Florida Department of State  O. OFFICERS AND DIRECTORS  II. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE MAKE LITHER JORESS LITY-ST-2PP HOCK, WILLIAM J JR. 1676 REGATTA DRIVE FERNANDINA BEACH FL 32034  STREET ADDRESS LITY-ST-2PP HOCK STREET ADDRESS LITY-	the obligati SIGNATURE .	ions of registered agent.  Signature, typed or printed name of registered agentic NOW!!! FEE IS \$150.00	t and title if appli					einstating)  9. Election Campaign Fina	DATE	\$5.00	<b>D</b> May Be	
THE MAME INTERT ADDRESS CITY-ST-ZIP  MOCK, WILLIAM J JR. 1676 REGATTA DRIVE CITY-ST-ZIP  MOCK, WILLIAM J JR. 1676 REGATTA DRIVE CITY-ST-ZIP  TREVETT, HARRY R 8144 SUMMITT RIDGE LANE JACKSONVILLE FL 32256  TITLE NAME STREET ADDRESS CITY-ST-ZIP  MAME STREET ADDRESS CITY-ST-ZIP  MAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  MAME STREET ADDRESS CITY-ST-ZIP  MILE NAME STREET ADDRESS CITY-ST-ZIP	Anter Make Check	Payable to Florida Department of	of State			. <u>.</u> .	AF					
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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 changed, or on an attachment with an address, with all other like empowered. 220/03

**SIGNATURE:** 

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #