2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2001 08:00 AM
Secretary of State

DOCUMENT # **P98000010933**

1. Entity Name
CENTRES PINES GP, INC.

Principal Place of Business	Mailing Address
C/O CENTRES, INC. 3315 NORTH 124TH STREET SUITE E BROOKFIELD WI 53005	C/O CENTRES, INC. 3315 NORTH 124TH STREET SUITE E BROOKFIELD WI 53005

2. Principal Place of Business		3. Mailing Address	
C/O CENTRES INC.		C/O CENTRES INC.	
Suite, Apt. #, etc. 9130 S. DADELAND BLVD., SUITE 1528		Suite, Apt. #, etc. 9130 S. DADELAND BLVD., SUITE 1528	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33156	Country US	Zip 33156	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number **39-1921506** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHEVIN ARNOLD
TWO DATRAN CENTER, #1528
9130 S. DADELAND BLVD
MIAMI FL
33156

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.

SIGNATURE ______________________ 01/17/2001
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) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST NENNIG MICHELLE M 3315 N. 124TH ST, STE E BROOKFIELD WI 53005	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CHARLTON DAVID K 9130 S. DADELAND BLVD., SUITE 1528 MIAMI FL 33156	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KARL KENNETH B 2 DATRAN CENTER #1528 9130 S DADELAND BLVD MIAMI FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: DAVID K. CHARLTON VST 01/17/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #