

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90152 042 ***150.00

DOCUMENT # P98000017286



1. Entity Name
CENCON CORP.

Principal Place of Business
**1069 US HWY 92 W
AUBURDALE FL 33823
US**

Mailing Address
**1069 US HWY 92 W
AUBURDALE FL 33823
US**

2. Principal Place of Business

3. Mailing Address
2122 Wales Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Lakeland, FL

4. FEI Number **59-3493022**

Applied For
Not Applicable

Zip

Country

Zip

Country

33810

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRACKIN, DONALD
2122 WALES CT
LAKELAND FL 33810**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Donald Brackin*

Donald Brackin, President

4/12/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BRACKIN, DONALD	
STREET ADDRESS	2122 WALES CT	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALKER, JEROME	
STREET ADDRESS	2701 DIXIE ROAD	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *Donald Brackin* **Donald Brackin, Pres** **4/12/03** **(863) 559-8104**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)