

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 09, 2001 8:00 am
Secretary of State


02-08-2001 90168 029 ***150.00

DOCUMENT # **P98000036641**

1. Entity Name
CENTURY INVESTMENTS, INC.

Principal Place of Business Mailing Address
1360 RANDOM OAKS PLACE **1360 RANDOM OAKS PLACE**
PENSACOLA FL 32514 **PENSACOLA FL 32514**

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


 DO NOT WRITE IN THIS SPACE
 4. FEI Number **59-3562056** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent
DEES, DAVID L
3300 NORTH PACE BLVD. STE. 315
PENSACOLA FL 32505

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 _____ DATE _____

9. This corporation is eligible to satisfy its intangible
 tax filing requirement and elect to do so
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$300.00
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	<input type="checkbox"/> Delete
NAME	CHANG-CHOU, CHIANG
STREET ADDRESS	1360 RANDOM OAKS PL
CITY-ST-ZIP	PENSACOLA FL 32514
TITLE	<input type="checkbox"/> Delete
NAME	HO YANG, MING
STREET ADDRESS	308 MIRACLE STRIP PKWY #4D
CITY-ST-ZIP	FT WALTON BCH FL 32548
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 (If 11)

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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)(b), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Chang Chou Chiang
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F034 11/01/01