

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000073769**1. Entity Name
CENTRES GALAX GP, INC.**Principal Place of Business**C/O CENTRES, INC.
3315 NORTH 124TH STREET #E
BROOKFIELD
53005 WI**Mailing Address**C/O CENTRES, INC./2 DATRAN CENTER
9130 S DADELAND BLVD SUITE 1528
MIAMI
33156 FL**2. Principal Place of Business**

C/O CENTRES INC.

3. Mailing Address

C/O CENTRES INC.

Suite, Apt. #, etc.

9130 S DADELAND BLVD., #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

4. FEI Number**39-1940024**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSHEVIN ARNOLD D
TWO DATRAN CENTER - SUITE 1528
9130 SOUTH DADELAND BOULEVARD
MIAMI FL
33156 US**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

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

(NOTE: Registered Agent signature required when reinstating)

02/23/2001

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**TITLE VST ☐ Delete
NAME NENNIG MICHELLE M
STREET ADDRESS 3315 N 124TH ST., STE-E
CITY-ST-ZIP BROOKFIELD WI 53005TITLE DP ☐ Delete
NAME KARL KENNETH B
STREET ADDRESS 9130 SOUTH DADELAND BLVD. #1528
CITY-ST-ZIP MIAMI FL 33156TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE VAST ☒ Change ☐ Addition
NAME CHARLTON DAVID K
STREET ADDRESS 9130 S DADELAND BLVD., #1528
CITY-ST-ZIP MIAMI FL 33156TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: DAVID K. CHARLTON

VAST

02/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)