

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000088138**1. Entity Name  
CENTRES BLUEBONNET GP, INC.**Principal Place of Business**C/O CENTRES, INC.  
3315 NORTH 124TH STREET #E  
BROOKFIELD  
53005 WI**Mailing Address**C/O CENTRES, INC., TWO DATRAN CENTER  
91305 DADELAND BLVD, STE 1528  
MIAMI  
33156 FL2. Principal Place of Business  
C/O CENTRES INC.3. Mailing Address  
C/O CENTRES INC.Suite, Apt. #, etc.  
9130 S. DADELAND BLVD., #1528Suite, Apt. #, etc.  
9130 S. DADELAND BLVD., SUITE 1528City & State  
MIAMI FLCity & State  
MIAMI FLZip  
33156 Country  
USZip  
33156 Country  
US4. FEI Number  
**39-1944155**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**SHEVIN 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 \_\_\_\_\_ **02/27/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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	<input type="checkbox"/> Delete
NAME	NENNIG MICHELLE M	
STREET ADDRESS	3315 N 124TH ST., STE-E	
CITY-ST-ZIP	BROOKFIELD WI 53005	
TITLE	DP	<input type="checkbox"/> Delete
NAME	KARL KENNETH B	
STREET ADDRESS	9130 SOUTH DADELAND BLVD. #1528	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VAST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLTON DAVID K	
STREET ADDRESS	9130 S. DADELAND BLVD., #1528	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 02/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)