

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90063 026 ***150.00

DOCUMENT # **P98000098620**

1. Entity Name
CENTURY PERSONNEL, INC.

Principal Place of Business 3321 SCRUB OAK LANE JACKSONVILLE FL 32223 US	Mailing Address PO BOX 16261 JACKSONVILLE FL 32245 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3321 Scrub Oak Lane	3. Mailing Address P.O. Box 16261
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville, Florida	City & State Jacksonville, Florida	4. FEI Number 59-3544400	Applied For <input type="checkbox"/> Not Applicable
Zip 32223	Country USA	Zip 32245	Country USA

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

6. Name and Address of Current Registered Agent

**GUERNSEY, STEVE
 3321 SCRUB OAK LANE
 JACKSONVILLE FL 32223**

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)

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, 2002 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 NAME SPD GUERNSEY, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS 3321 SCRUB OAK LANE	
CITY-ST-ZIP JACKSONVILLE FL 32223	
TITLE NAME DTV GUERNSEY, CHRISTINE	<input type="checkbox"/> Delete
STREET ADDRESS 3321 SCRUB OAK LANE	
CITY-ST-ZIP JACKSONVILLE FL 32223	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Steven E. Guernsey **Steven E. Guernsey** 3/3/02 874-0711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)