## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2000 8:00 am Secretary of State DOCUMNT # P98000100376 CENTRES MEMPHIS GP. INC. 05-01-2000 90453 027 \*\*\*150.00 Principal Place of Business Mailing Address C/O CENTRES, INC. C/O CENTRES, INC. 3315 NORTH 124TH STREET #E 3315 NORTH 124TH STREET #E **BROOKFIELD WI 53005** BROOKFIELD WI 53005-3105 2. Principal Place of Business 3. Mailing Address Centres, Inc. Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 39-1948118 91305 Dadeland Blud, Muani, Pl Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHEVIN, ARNOLD D Street Address (P.O. Box Number is Not Acceptable) TWO DATRAN CENTER - SUITE 1528 9130 SOUTH DADELAND BOULEVARD MIAMI FL 33156 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. DP Addition ☐ Change TITLE ☐ Delete TITLE KARL, KENNETH B NAME NAME 9130 SOUTH DADELAND BLVD. #1528 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NENNIG, MICHELLE M NAME NAME 3315 N 124TH ST., STE-E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BROOKFIELD WI 53005** CITY-ST-7IP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-7IP

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TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

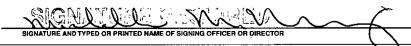
STREET ADDRESS

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☐ Delete

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