

## 2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED

May 24, 2000 8:00 am  
Secretary of State

04-21-2000 90105 039 \*\*\*150.00

DOCUMENT #

1. Entity Name

CENTERNET, Inc.

Principal Place of Business

438 E. ORANGE ST  
TARPON SPGS, FL  
34689

Mailing Address

P.O. BOX 927  
TARPON SPGS, FL  
34688

2. Principal Place of Business

438 E. ORANGE ST

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 927

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

TARPON SPGS, FL

Zip

34689

Country

USA

City &amp; State

TARPON SPGS, FL

Zip

34688

Country

USA

4. FEI Number

65-0938622

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

DIANA V. THOMPSON  
438 E. ORANGE ST  
TARPON SPGS, FL  
34689

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)

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, 2000 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT  
DIANA V. THOMPSON  
438 E. ORANGE ST  
TARPON SPGS, FL  
34689☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

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STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addition

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: Diana V. Thompson, Pres.

4-10-2000

727-942-8049

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)