

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000021549**

1. Entity Name

CENTURA ENTERPRISES, INC.**FILED****Apr 18, 2000 8:00 am**
Secretary of State

04-18-2000 90241 040 ***150.00

Principal Place of Business

1800 W. HIBISCUS BLVD.
SUITE 138
MELBOURNE FL 32901

Mailing Address

1800 W. HIBISCUS BLVD.
SUITE 138
MELBOURNE FL 32901-2624

2. Principal Place of Business

4450 C ENTERPRISE COURT

Suite, Apt. #, etc.

3. Mailing Address

4450 C ENTERPRISE COURT

Suite, Apt. #, etc.

City & State

MELBOURNE, FLORIDA

City & State

MELBOURNE FLORIDA

4. FEI Number

☒ Applied For

Not Applicable

Zip

32934

Country

USA

Zip

32934

Country

USA

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**NOHRR, PHILIP F
1800 W. HIBISCUS BLVD.
SUITE 138
MELBOURNE FL 32901**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	D	<input checked="" type="checkbox"/> Delete
NAME	NOHRR, PHILIP F	
STREET ADDRESS	1800 W. HIBISCUS BLVD., #138	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSTROW, RICHARD F.	
STREET ADDRESS	4450 C ENTERPRISE COURT	
CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KETTNER, KARL W.	
STREET ADDRESS	4450 C ENTERPRISE COURT	
CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE	T/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDESTY, JULIE L.	
STREET ADDRESS	4450 C ENTERPRISE COURT	
CITY-ST-ZIP	MELBOURNE, FL 32934	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIE L. HARDESTY

04/10/00

Date

(321) 250-4250

Daytime Phone #