

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000038796**1. Entity Name
CENTRES OLD PASCO GP, INC.**Principal Place of Business**C/O CENTRES, IN C
33115 N 124TH ST STE E
BROOKFIELD
53005

WI

Mailing AddressC/O CENTRES, INC. 2 DAYTONA CTR STE 1528
9130S DADELAND BLVD
MIAMI
33156

FL

2. Principal Place of Business
C/O CENTRES IN C**3. Mailing Address**
C/O CENTRES INC.Suite, Apt. #, etc.
9130 S. DADELAND BLVD., #1528Suite, Apt. #, etc.
9130 S. DADELAND BLVD., #1528

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FLCity & State
MIAMI FL4. FEI Number
39-1977854Applied For
Not ApplicableZip Country
33156 USZip Country
33156 US5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**SHEVIN ARNOLD D
TWO DATRAN CENTER, SUITE 1528
9130 S DADELAND BLVD
MIAMI FL
33156 US

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 _____ **02/26/2001**
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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME VAST
STREET ADDRESS CHARLTON DAVID K
CITY-ST-ZIP 9130 S. DADELAND BLVD., #1528 FL 33156
MIAMITITLE ☐ Delete
NAME D
STREET ADDRESS KARL KENNETH B
CITY-ST-ZIP 9130 S DADELAND BLVD, SUITE 1528 FL 33156
MIAMITITLE ☒ Change ☐ Addition
NAME PD
STREET ADDRESS KARL KENNETH B
CITY-ST-ZIP 9130 S DADELAND BLVD, SUITE 1528 FL 33156
MIAMITITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 02/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)