

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000046202

1. Entity Name

CENTENNIAL PRODUCTS, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90223 024 \*\*\*150.00

Principal Place of Business

4526 CROSSTIE ROAD SOUTH  
JACKSONVILLE FL 32257

Mailing Address

4526 CROSSTIE ROAD SOUTH  
JACKSONVILLE FL 32257-3351

2. Principal Place of Business

6900 Phillips Highway

3. Mailing Address

P.O. Box 23905

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL 32216

City & State

Jacksonville, Florida

4. FEI Number

59-3581775

Applied For

Not Applicable

Zip

Country

32216

USA

Zip

Country

32241-3905

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name  
**Ford, Jeter, Bowlus, Duss & Morgan, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**10110 San Jose Boulevard**

City  
**Jacksonville**

**FL**

Zip Code  
**32257**

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.

**Michael Bowlus Vice-President for Ford, Jeter, Bowlus, Duss & Morgan, P.A.**

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 State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**EVERSON, JANE MONTGOMEY**  
**4526 CROSSTIE ROAD SOUTH**  
**JACKSONVILLE FL 32257** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President, Secretary & Treasurer** ☐ Change ☒ Addition  
**Everson, Jane Montgomery**  
**4526 Crosstie Rd. S.**  
**Jacksonville, Florida 32257** ☐ Change ☐ Addition

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  
NAME  
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:

**Jane M. Everson**  
**Jane M. Everson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/1/00**  
Date

**904 332-0405**  
Daytime Phone #

CR2E034 (9/99)