

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90297 027 ***150.00

0110445 AV

DOCUMENT # P99000105082

1. Entity Name
CENTELLA CORPORATION

Principal Place of Business

**9753 S ORANGE BLOSSOM TRAIL
 STE 201
 ORLANDO FL 32837**

Mailing Address

**9753 S ORANGE BLOSSOM TRAIL
 STE 201
 ORLANDO FL 32837**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9753 S Orange Blossom Trail
 Suite, Apt. #, etc.
 Ste 209**

**City & State
 Orlando, FL**

**Zip
 32837**

**Country
 US**

3. Mailing Address

**9753 S. Orange Blossom
 Suite, Apt. #, etc.
 Trail, Ste 209**

**City & State
 Orlando, FL**

**Zip
 32837**

**Country
 US**

4. FEI Number
59-3616539

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

**ANGUELO, ANDREW
 2922 ROLLMAN ROAD
 ORLANDO FL 32837**

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, 2002 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 **P** ☐ Delete
NAME **ANGUELO, ANDREW**
STREET ADDRESS **8922 ROLLMAN RD**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **VP** ☒ Delete
NAME **ANGUELO, MICHAEL**
STREET ADDRESS **8922 ROLLMAN RD**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **S** ☒ Delete
NAME **ANGUELO, BELINDA**
STREET ADDRESS **8922 ROLLMAN RD**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E034 (9/01)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-2002

Date

(407)852-6530

Daytime Phone #