2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F89409

1. Entity Name

CENTRAL CONTROL INC

DENTINAL CONTINUE, INC.	Mailing Address	
Principal Place of Business 701 39TH STREET NORTH 1T. PETERSBURG FL 33714	5701 39TH STREET NORTH ST. PETERSBURG FL 33714-1103	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED Mar 02, 2000 8:00 am Secretary of State

03-02-2000 90093 040 ***150.00

f Business	Mailing Address				
e of Business	3. Mailing Address				
a. Principal Place of Business		1001.001 001.001 001.00 0	il 81011 (1811 01011 01311 1	// 	
etc.	Suite, Apt. #, etc.		DO NOT WRITE IN TH	HIS SPACE	
<u>. </u>	City & State	· ·	4. FEI Number 59-2203541		lied For Applicable
Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additi	onal
6. Name and Address of Current F	legistered Agent		7. Name and Address of New Register	red Agent	
		Name			
ROBINSON, THOMAS G. 5701 39TH STREET NORTH ST. PETERSBURG FL 33714		Street Addres	ss (P.O. Box Number is Not Acceptable)		
				7in Code	
		City		FL Zip Code	
amed entity submits this statement for	the purpose of changing if	ts registered office or regis	stered agent, or both, in the State of Florida.		
mature, typed or printed name of registered agent a	nd title if applicable. (NC	TE: Registered Agent signature req	uired when reinstating) DA	ATE	
tion is eligible to satisfy its Intangible uirement and elects to do so. on back)	After MAY 1, 2	000 Fee will be \$550.0	Trust Fund Contribution.		May Be o Fees
OFFICERS AND	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS	IN 11
PST	☐ Delete	TITLE		Change	Addition
ROBINSON, THOMAS G.		NAME			
5701 39TH ST NORTH		STREET ADDRESS			
	□ Del∋te			☐ Change	Addition
5701 39TH ST NORTH	☐ Del∋te	STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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5701 39TH ST NORTH	Delete Delete Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Change	Addition Addition
	e of Business etc. Country 6. Name and Address of Current F SON, THOMAS G. 9TH STREET NORTH IERSBURG FL 33714 Imed entity submits this statement for Institute, typed or printed name of registered agent at tion is eligible to satisfy its Intangible uirement and elects to do so. on back)	e of Business a. Mailing Address etc. Suite, Apt. #, etc. City & State Zip Country Zip 6. Name and Address of Current Registered Agent SON, THOMAS G. 9TH STREET NORTH FERSBURG FL 33714 Imed entity submits this statement for the purpose of changing is mature, typed or printed name of registered agent and title if applicable. (NC tion is eligible to satisfy its Intangible uirement and elects to do so. OFFICERS AND DIRECTORS Delete	ST. PETERSBURG FL 33714-1103 e of Business 3. Mailing Address etc. Suite, Apt. #, etc. City & State Country 6. Name and Address of Current Registered Agent Name SON, THOMAS G. 9TH STREET NORTH TERSBURG FL 33714 City Indianate, typed or printed name of registered agent and title if applicable. Indianate, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature registered agent and elects to do so. On back) OFFICERS AND DIRECTORS 12.	e of Business 3. Mailing Address etc. Suite, Apt. #, etc. City & State Country Zip Country 5. Certificate of Status Desired Name Name SON, THOMAS G. BY STREET NORTH FERSBURG FL 33714 City Cit	Et a Street Address of Current Registered Agent City & State Country Country Zip Country 5. Certificate of Status Desired Fee Required Name SON, THOMAS G. Street Address (P.O. Box Number is Not Acceptable) Son, THOMAS G. Street Address (P.O. Box Number is Not Acceptable) City City City FL Zip Code Name Name Street Address (P.O. Box Number is Not Acceptable) FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ID Related Change C

Indicated on this report or supplied with this filing does not quality 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 PRICE.