

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90070 008 ***150.00

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DO NOT WRITE IN THIS SPACE

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|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| DOCUMENT # F89409 | |
| 1. Entity Name CENTRAL CONTROL, INC. | |
| Principal Place of Business 5701 39TH STREET NORTH ST. PETERSBURG FL 33714 | Mailing Address 5701 39TH STREET NORTH ST. PETERSBURG FL 33714 |

| | | | |
|-------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------|
| 2. Principal Place of Business 4565 DUHME ROAD Suite, Apt. #, etc. # 204 | | 3. Mailing Address 4565 DUHME ROAD Suite, Apt. #, etc. # 204 | |
| City & State ST. PETERSBURG, FL | City & State ST. PETERSBURG, FL | 4. FEI Number 59-2203541 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33708 | Country PINELLAS | Zip 33708 | Country PINELLAS |

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|--------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent ROBINSON, THOMAS G. 5701 39TH STREET NORTH ST. PETERSBURG FL 33714 | | 7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 4565 DUHME ROAD City ST. PETERSBURG, FL Zip Code 33708 | |
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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 Thomas G. Robinson DATE 2/23/2001
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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| 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PST ROBINSON, THOMAS G. 5701 39TH ST NORTH ST. PETERSBURG FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 4565 DUHME RD #204 ST. PETERSBURG, FL, 33708 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Thomas G. Robinson DATE 2/23/2001 727 398 2774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)