

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90151 032 ***150.00

0018015 AV

DOCUMENT # H69150

1. Entity Name
THE BUSINESS CENTER, INC.



Principal Place of Business: 3 CYPRESS BRANCH WAY, STE 103, PALM COAST FL 32164, US

Mailing Address: 3 CYPRESS BRANCH WAY, STE 103, PALM COAST FL 32164, US



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-2577213

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

Applied For: Not Applicable

6. Name and Address of Current Registered Agent
WHEELER, GARY
3 CYPRESS BRANCH WAY STE 103
PALM COAST FL 32164

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS WHEELER, GARY B. 2 ERICKSON PLACE PALM COAST FL 32164	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEARDO, JEAN 54 WESTCHESTER LN PALM COAST FL 32164	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, GEORGE 42-206 CLUBHOUSE D PALM COAST FL 32137	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *Wheeler* 4/6/03 3864451902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)