

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**  
 05-02-2002 90017 050 \*\*\*150.00

**DOCUMENT # L40219**

1. Entity Name  
**CONCIRE CENTERS, INC.**

Principal Place of Business Mailing Address  
**7335 GALL BLVD., #2** **7335 GALL BLVD., #2**  
**ZEPHYRHILLS FL 33541** **ZEPHYRHILLS FL 33541**  
**US** **US**

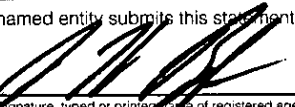
2. Principal Place of Business **411 Commercial Court**  
 Suite, Apt. #, etc. **Suite E**  
 City & State **Venice, FL**

3. Mailing Address **411 Commercial Court**  
 Suite, Apt. #, etc. **Suite E**  
 City & State **Venice, FL**

4. FEI Number **59-2982878** Applied For ☐ Not Applicable ☐  
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BINGHAM, JAMES H.**  
**7335 GALL BLVD., #2**  
**ZEPHYRHILLS FL 33541**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable) **411 Commercial Court**  
**Suite E**  
 City **Venice** FL Zip Code **34292**

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  **James H. Bingham** **April 19, 2002**  
(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. ☐  
**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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BINGHAM, JAMES H.</b>			NAME			
STREET ADDRESS	<b>7335 GALL BLVD., #2</b>			STREET ADDRESS	<b>411 Commercial Ct., Suite E</b>		
CITY-ST-ZIP	<b>ZEPHYRHILLS FL</b>			CITY-ST-ZIP	<b>Venice, FL 34292</b>		
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>OAKLEY, THOMAS E.</b>			NAME			
STREET ADDRESS	<b>101 ABC ROAD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LAKE WALES FL</b>			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>OAKLEY, THOMAS E.</b>			NAME			
STREET ADDRESS	<b>101 ABC ROAD</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>LAKE WALES FL</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:**  **James H. Bingham** **April 19, 2002** **(941)488-0270**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)