

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M76759**

1. Entity Name

COMMAND CENTER SECRETARIAL/WORD PROCESSING SERVI**FILED****Feb 22, 2001 8:00 am**
Secretary of State

02-22-2001 90132 045 ***150.00

Principal Place of Business

% J. FAYE BELL
2329 FAIRWAY DR S/101 S EVERS ST
PLANT CITY FL 33567-5717

Mailing Address

% J. FAYE BELL
2329 FAIRWAY DR S/101 S EVERS ST
PLANT CITY FL 33567-5717

2. Principal Place of Business

1701 S. Alexander Street

3. Mailing Address

2329 Fairway Drive. So.

Suite, Apt. #, etc.

Suite 109

Suite, Apt. #, etc.

City & State
Plant City, FLCity & State
Plant City, FLZip
33567Country
HillsboroughZip
33567Country
Hillsborough4. FEI Number **59-2883656**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****BELL, J. FAYE**
2329 FAIRWAY DRIVE SOUTH
PLANT CITY FL 33566Name
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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	BELL, J. FAYE	2329 FAIRWAY DR., SOUTH PLANT CITY FL				
	D	BELL, JAMES R.	2329 FAIRWAY DR., SOUTH PLANT CITY FL				

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Faye Bell

Date

2/30/01 (813) 752-1700

Daytime Phone #

CR2E034 (10/00)