

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000055742

1. Entity Name

Business Centre Inc.

Principal Place of Business

Mailing Address

800 S. Nova Rd. Ste. C
Ormond Bch. Fl. 32174

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 19 AM 9:48

2. Principal Place of Business

800 S. Nova Rd.

3. Mailing Address

800 S. Nova Rd.

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Suite C

City & State

Ormond Bch Fl.

City & State

Ormond Bch Fl

4. FEI Number

59-3713695

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

S.A. Neely
605 N. Moore St
Bunnell, Fl. 32110

Name

Gary H. Neely

Street Address (P.O. Box Number is Not Acceptable)

800 S. Nova Rd.

Suite C

City

Ormond Bch

FL

Zip Code

32174

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/14/01

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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Gary H. Neely
800 S. Nova Rd. Ste. C
Ormond Bch. Fl. 32174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sec.-Treasure
Helen O. Brown
800 S. Nova Rd. Ste. C
Ormond Bch. Fl. 32174 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700004449327--1
-06/28/01--01019--031
*****8.75 *****8.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700004449327--1
-06/28/01--01019--032
*****150.00 *****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/01

DATE

Daytime Phone #

CR2E034 (11/00)