

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 23, 2002 8:00 am
Secretary of State

05-27-2002 90416 037 ***150.00

DOCUMENT # P00000055742

1. Entity Name

BUSINESS CENTRE INC

Principal Place of Business

Mailing Address

800 C SOUTH NOVA RD ORMOND BEACH

2. Principal Place of Business

800 C So. NOVA

3. Mailing Address

800 C South NOVA

Suite, Apt. #, etc.

ORMOND BEACH

Suite, Apt. #, etc.

ORMOND BEACH

City & State

Florida 32174

City & State

Florida

Zip

32174

Country

Zip

32174

Country

4. FEI Number

59-3713695

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

GARY MEELY
800 C SOUTH NOVA RD.
ORMOND BEACH, FL 32174

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.

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 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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Helen Brown, President
777 W. LINCOLNWOOD CIR
ORMOND BEACH

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DIRECTOR
S.R. MEELY
P.O. BOX 672 Bunnell, FL 32110

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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☐ Change

☐ Addition

TITLE
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STREET ADDRESS
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)(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: Helen Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-18-02

Date

386-267-0066

Ex 101

Daytime Phone #

CR2E034 (11/00)

2001 UNIFORM BUSINESS REPORT (UBR)

5/27/2002-90416-037-\$150.00-\$150.00

DOCUMENT # PO0000055742

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BUSINESS CENTRE INC. ✓

Principal Place of Business

Mailing Address

BUSINESS CENTRE INC
800 C SOUTH NOVA ROAD
ORMOND BEACH, FL 32174

2. Principal Place of Business

3. Mailing Address

800 C SOUTH NOVA

800 C SOUTH NOVA

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Suite C

City & State

ORMOND BEACH FL

City & State

ORMOND BEACH, FL

Zip

32174

Country

Zip

32174

Country

4. FEI Number

59-3713695

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRY H. NEELY
800 C SOUTH NOVA ROAD
ORMOND BEACH, FL 32174

Name

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

City

FL

Zip Code

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☐

\$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	<u>Walter Brown</u> <u>800 C SOUTH NOVA</u> <u>ORMOND BEACH, FL 32174</u>	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

4/24/02

Date

Daytime Phone #

Attachment
36577

DO NOT WRITE IN THIS SPACE

CR20034 (11/00)