FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91304 041 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000055742

1. Entity Name
BUSINESS CENTRE, INC.

DO NOT WRITE IN THIS SPACE

11024260

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2. Principal Place of Business	3. Mailing Address
800 SOUTH NOVA ROAD	800 SOUTH NOVA ROAD
Suite, Apt. #, etc: SUITE Q	Suite, Apt. #, etc: SUITE Q
City & State: ORMOND BEACH, FL	City & State: ORMOND BEACH, FL
Zip: 32174 Country: USA	Zip: 32174 Country: USA

4. FEI Number: 59-3713695. ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. **Name and Address of Current Registered Agent**
Name: S. R. NEELY
Street Address (P.O. Box Number is Not Acceptable): 605 NORTH MOORE STREET
City: BUNNELL FL Zip Code: 32110

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: S. R. NEELY 04/25/03
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	D
NAME	S.R. NEELY
STREET ADDRESS	605 NORTH MOORE STREET
CITY-ST-ZIP	BUNNELL, FL 32110
TITLE	P
NAME	HELEN O. BROWN
STREET ADDRESS	777 W. LINDENWOOD CIRCLE
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN O. BROWN 04/25/03 386 267 0066 X 101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #