

Page 1 of 2

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **PO0000062014**

1. Entity Name
CENTRAL CORE SOFTWARE INC.

FILED

02 MAR 15 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

22465 Tiki Drive
Suite, Apt. #, etc.

3. Mailing Address

22465 Tiki Drive
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, Florida
Zip Country
33428 USA

City & State

Boca Raton, Florida
Zip Country
33428 USA

4. FEI Number

65-1114349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **MCCORMICK, James J.**

Street Address (P.O. Box Number is Not Acceptable)
22465 Tiki Drive

City **Boca Raton**

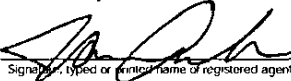
FL

Zip Code
33428

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IN THIS SPACE**

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 J. McCormick

3/4/2002

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.
(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 **MCCORMICK, James J.**
STREET ADDRESS **22465 Tiki Drive**
CITY-STATE-ZIP **Boca Raton, FL 33428**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **D**
NAME **THOMPSON, Michael G.**
STREET ADDRESS **9400 Northwest 14th Street**
CITY-STATE-ZIP **Pembroke Pines, FL 33024**

TITLE
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CITY-STATE-ZIP

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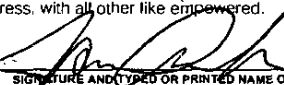
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NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
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CITY-STATE-ZIP

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IN THIS SPACE**

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:



James J. McCormick

3/4/2002 (561)470-5904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

Page 2 of 2

CENTRAL CORE SOFTWARE INC.

March 4, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

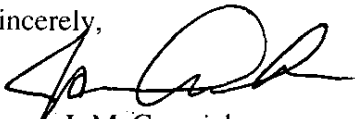
Dear Sir or Madam:-

Enclosed please find the 2002 Uniform Business Report (UBR) and a check for three hundred dollars (\$300.00) which will cover the fees for years 2001 and 2002. Also, we respectfully request a waiver of the late penalty fee for the following reasons:

1. We did not receive the Annual Report and Corporate Supplemental fees statement. As a result we did not send the payment.
2. The penalty will be a hardship to our company during this economic slow down.
3. We have always been diligent in paying our expenses and will continue to do so in the future.

Please accept our apology for not making a prompt payment and we will ensure that this does not occur again. We appreciate you taking into consideration our request and look forward to an affirmative response.

Sincerely,



James J. McCormick
Director