

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90828 043 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000113968

1. Entity Name

BCI CENTRAL, INC.

DO NOT WRITE IN THIS SPACE

90119057

2. Principal Place of Business
1474 W. GRANADA BLVD.

3. Mailing Address
1474 W. GRANAD BLVD.

Suite, Apt. #, etc.
SUITE 440

Suite, Apt. #, etc.
SUITE 440

City & State
ORMOND BEACH, FL

City & State
ORMOND BEACH, FL

4. FEI Number
56-2298854

Applied For
Not Applicable

Zip
32174

Country
USA

Zip
32174

Country
USA

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name GREGORY R. NEELY

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

1474 W. GRANADA BLVD., SUITE 440

City ORMOND BEACH

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

Gregory H. Neely

GREGORY H. NEELY

04/28/03

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

(NOTE: Registered Agent Signature Required when reappointing)

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
NAME
STREET ADDRESS
CITY - ST - ZIP

P/D GREGORY R. NEELY
1474 WEST GRNADA BLVD., #440
ORMOND BEACH, FL 32174

TITLE
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CITY - ST - ZIP

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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:

Gregory H. Neely

GREGORY H. NEELY

04/28/03

386 267 0066 X113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DEPARTMENT OF STATE

CR2E034B (12/01)