

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000087233**

1. Entity Name
CENTRAL CONVENIENCE, INC.

Principal Place of Business
**116 E. CENTRAL BLVD
ORLANDO FL 32801**

Mailing Address

**116 E. CENTRAL BLVD
ORLANDO FL 32801**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

Zip **Country**

FILED
Feb 15, 2002 8:00 am
Secretary of State

02-15-2002 90003 017 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3473403** **Applied For**

Not Applicable

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

6. Name and Address of Current Registered Agent

**PATEL, VASANT
4561 S. KIRKMAN RD., #6
ORLANDO FL 32811**

Name **VASANT PATEL**

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

7802 56 GILLES PLACE

City **ORLANDO** FL Zip Code **32835**

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, 2002 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

TITLE **P** Delete
NAME **PATEL, VASANT**
STREET ADDRESS **4561 S. KIRKMAN RD., #6**
CITY-ST-ZIP **ORLANDO FL 32811**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *VASANT PATEL*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-02 321 662 6225

Date

Daytime Phone #

CR2E034 (9/01)