

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074681

1. Entity Name

CALL CENTER CONSULTING, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90028 033 ***150.00

Principal Place of Business

351 S E 11TH STREET
POMPAÑO BEACH FL 33060

Mailing Address

351 S E 11TH STREET
POMPAÑO BEACH FL 33060-8837

2. Principal Place of Business

351 SE 11TH ST.

Suite, Apt. #, etc.

3. Mailing Address

351 SE 11TH ST.

Suite, Apt. #, etc.

City & State

POMPAÑO BEACH FL

City & State

POMPAÑO BEACH FL

Zip

33060

Country

BROWARD

Zip

33060

Country

BROWARD

4. FEJ Number

65-0969209

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARON, JAY PHILIP
351 S E 11TH STREET
POMPAÑO BEACH FL 33060

7. Name and Address of New Registered Agent

Name
CARON, JAY PHILIP
Street Address (P.O. Box Number is Not Acceptable)
351 SE 11TH ST
City
POMPAÑO BEACH FL 33060

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D CARON, JAY PHILIP 351 S E 11TH STREET POMPAÑO BEACH FL 33060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4th, 2000

Date

Daytime Phone #

954 784 6614

CR2E034 (9/99)