

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000074681

1. Entity Name
CALL CENTER CONSULTING, INC.

Principal Place of Business
351 S E 11TH STREET
POMPANO BEACH FL 33060

Mailing Address
351 S E 11TH STREET
POMPANO BEACH FL 33060

2. Principal Place of Business
561 S.E. 2ND TERRACE
Suite, Apt. #, etc.

3. Mailing Address
561 S.E. 2ND TERRACE
Suite, Apt. #, etc.

City & State
POMPANO BEACH FL
Zip
33060
Country
BROWARD

City & State
POMPANO BEACH FL
Zip
33060
Country
BROWARD

4. FEI 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
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name
CARON, JAY PHILIP
Street Address (P.O. Box Number is Not Acceptable)
561 S.E. 2ND TERRACE
City
POMPANO BEACH FL Zip Code
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
POMPANO BEACH FL 33060 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARON, JAY PHILIP
561 S.E. 2ND TERRACE
POMPANO BEACH FL 33060 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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
JAY P. CARON

Date

Daytime Phone #

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90046 035 ***550.00

C0076016



DO NOT WRITE IN THIS SPACE

0027728 AV

CR2E034 (5/01)