

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91289 019 ***150.00

DOCUMENT # 670105

1. Entity Name

CONTROL ELECTRIC SERVICES, INC.

Principal Place of Business

Mailing Address

**1706 E SEMORA AVE
 SUITE 128
 APOPKA FL 32703
 US**

**1706 E SEMORA AVE
 SUITE 128
 APOPKA FL 32703
 US**

434082



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2172 Platinum Rd.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 6

City & State

Apopka FL

City & State

4. FEI Number

59-2001098

Applied For

Not Applicable

Zip

32703

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OREFICE, SUSAN L.
 829 TRAILWOOD DR
 APOPKA FL 32712**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 *Susan L. Orefice*

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

(NOTE: Registered Agent signature required when reinstating)

4/30/02
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	OREFICE, SALVATORE	
STREET ADDRESS	829 TRAILWOOD DR	
CITY-ST-ZIP	APOPKA FL	
TITLE	SP	<input type="checkbox"/> Delete
NAME	OREFICE, SUSAN L.	
STREET ADDRESS	829 TRAILWOOD DR	
CITY-ST-ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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: *Susan L. Orefice* **Susan L Orefice**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
 Date

407-841-8900
 Daytime Phone #