

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082692

1. Entity Name

MISSION CONTROLS, INC.

Principal Place of Business

244 SW 159 WAY  
SUNRISE FL 33326

Mailing Address

244 SW 159 WAY  
SUNRISE FL 33326

2. Principal Place of Business

7395 NW 54<sup>th</sup> COURT

Suite, Apt. #, etc.

3. Mailing Address

7395 NW 54<sup>th</sup> COURT

Suite, Apt. #, etc.

City & State

LAUDERHILL, FL

Zip

33319

Country

USA

City & State

LAUDERHILL, FL

Zip

33319

Country

USA

4. FEI Number

65-0699675

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, DAVID B II  
244 SW 159 WAY  
SUNRISE FL 33326

7. Name and Address of New Registered Agent

Name

MURPHY, DAVID B, II

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

7395 NW 54<sup>th</sup> COURT

City

LAUDERHILL

FL

Zip Code

33319

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

1/03/2001

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, 2001 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 VP  
NAME MURPHY, TRUDY A  
STREET ADDRESS 244 SW 159TH WAY  
CITY-ST-ZIP SUNRISE FL 33326 ☐ 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 VP  
NAME MURPHY, TRUDY A. ☒ Change ☐ Addition  
STREET ADDRESS 7395 NW 54<sup>th</sup> COURT  
CITY-ST-ZIP LAUDERHILL, FL 33319

TITLE PRESIDENT  
NAME MURPHY, DAVID, B II ☐ Change ☒ Addition  
STREET ADDRESS 7395 NW 54<sup>th</sup> COURT  
CITY-ST-ZIP LAUDERHILL, FL 33319

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

1/03/2001

Date

Daytime Phone #

(954)-746-5460

0505105

CR2E034 (10/00)

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

01-10-2001 90010 026 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE