2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S05963 1. Entity Name

CONTROLLERSHIP SERVICES, INC.

Throipart lace of Basin
3550 HOLIDAY AVENUE
APOPKA FL 32703

Principal Plac	e of Business		Mailing Address									
9550 HOLIDAY AVENUE APOPKA FL 32703 US			PO BOX 941145 MAITLAND FL 32794-1145 US									
2. Principal P	lace of Business		3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. F	El Number	59-303670)7		oplied For	
Zip Country			Zip	Cour	ntry					8.75 Additional		
	6. Name and Address o	f Current Rec	istered Agent	<u> </u>	T	7. N	lame and Ac	Idress of New	Registered			
	<u> , , , , , , , </u>		<u> </u>		Name							
SABOFF, JAMES R. 3550 HOLIDAY AVENUE					Street Address (P.O. Box Number is Not Acceptable)							
APO	PKA FL 32703											
					City				FI	Zip Cod	le	
8. The above	named entity submits this sta	atement for th	e purpose of changing it	s register	ed office or regis	stered age	ent, or both, i	n the State of F	lorida.			
SIGNATURE .	Signature, typed or printed name of reg	istered agent and I	tle if apolicable (NO	TE: Registere	ed Agent signature requ	uired when re	enstating)	u a .	DATE			
	<u> </u>		<u> </u>	•		· · ·			· · · · · · · · · · · · · · · · · · ·			
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 			FILE NOW!!! FEE IS \$15 After MAY 1, 2000 Fee will be Make Check Payable to Department					on Campaign F Fund Contribution			00 May Be d to Fees	
11.	OFFIC	ERS AND DIF	RECTORS	12.		AD	DITIONS/CH	ANGES TO OF	FICERS AN	D DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABOFF, JAMES R. 3550 HOLIDAY AVENUI APOPKA FL 32703		☐ Delete							☐ Change	☐ Addition	
TITLE	AFOFRA FL 32703		☐ Delete	TITL	.E					Change	☐ Addition	
NAME Street Address City-St-Zip				STR	EET ADDRESS Y-ST-ZIP							
TITLE	A STATE OF THE STA	, the same the same	· Delete		I	٠	Tool U.S. Proper	,	The second second	— ☐ Change	- ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l		,,			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		**************************************	☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		•	☐ Delete	TITL NAM STR						☐ 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

May 24, 2000 8:00 am Secretary of State 05-24-2000 90072 013 ***150.00