

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90155 034 ***158.75

DOCUMENT # P37035

1. Entity Name
MITEC CONTROLS, INC.

Principal Place of Business

**3125 MEDLOCK BRIDGE RD
NORCROSS GA 30071
US**

Mailing Address

**3125 MEDLOCK BRIDGE RD
NORCROSS GA 30071
US**

2. Principal Place of Business

4475 River Green Pkwy

3. Mailing Address

→ Same

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

City & State
Duluth GA

City & State

Zip Country
30096 USA

Zip Country

4. FEI Number **58-1887213**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARGO, ROBERT D.
200 W. FORSYTH ST.
JACKSONVILLE FL 32202**

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 _____
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DCP**
STREET ADDRESS **BREWSTER, BRETT M.**
CITY-ST-ZIP **825 LUNDIN LINKS CT
DULUTH GA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **30096**

TITLE ☐ Delete
NAME **TDS**
STREET ADDRESS **JOLLY, PENNY**
CITY-ST-ZIP **3164 WYNCROFT PLACE
NORCROSS GA 30071**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **392 Reece Dr**
CITY-ST-ZIP **Hoschton, Ga 30548**

TITLE ☒ Delete
NAME **VP**
STREET ADDRESS **SHAVER, BRYAN**
CITY-ST-ZIP **3777 PEACHTREE RD NE
ATLANTA GA 30316**

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **BLAND, TIMOTHY**
CITY-ST-ZIP **83 PEYTON LN
AUBURN GA 30203**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MAJJAR, LEE**
CITY-ST-ZIP **3135 MEDLOCK BRIDGE RD
NORCROSS GA 30071**

TITLE ☒ Change ☐ Addition
NAME **Najjar (spelling is wrong)**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: Penny Jolly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01
Date

770-813-5959
Daytime Phone #

CR2E034 (10/00)