

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90644 043 ***158.75

DOCUMENT # P37035

1. Entity Name

MITEC CONTROLS, INC.

Principal Place of Business

**4475 RIVER GREEN PKWY
 SUITE 300
 DULUTH GA 30096
 US**

Mailing Address

**4475 RIVER GREEN PKWY
 SUITE 300
 DULUTH GA 30096
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1887213

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

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, 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 **DCP** ☐ Delete
 NAME **BREWSTER, BRETT M.**
 STREET ADDRESS **825 LUNDIN LINKS CT**
 CITY-ST-ZIP **DULUTH GA 30096**

TITLE **Chairman of Board** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TDS** ☐ Delete
 NAME **JOLLY, PENNY**
 STREET ADDRESS **392 NREECE DRIVE**
 CITY-ST-ZIP **HOSCHTON GA 30548**

TITLE **392 Reece Dr.** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **SHAVER, BRYAN**
 STREET ADDRESS **3777 PEACHTREE RD NE**
 CITY-ST-ZIP **ATLANTA GA 30318**

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

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

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

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **4475 River Green Pkwy Ste. 100**
 CITY-ST-ZIP **Duluth, Ga 30096**

TITLE **VP** ☐ Delete
 NAME **Ron Ording**
 STREET ADDRESS **4475 River Green Pkwy, Ste 300**
 CITY-ST-ZIP **Duluth, Ga 30096**

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

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

4-5-02

770-813-5959

Date

Daytime Phone #

CR2E034 (9/01)