2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 05, 2002 8:00 am Secretary of State DOCUMENT # 292080 1. Entity Name 03-05-2002 90101 022 ***150 CONTROL LASER CORPORATION Principal Place of Business Mailing Address 7503 CHANCELLOR DRIVE 7503 CHANCELLOR DRIVE ORLANDO FL 32809 ORLANDO FL 32809 2. Principal Place of Business 3. Mailing Address 2419 Lake Orange Drive 2419 Lake Orange Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1097022 Orlando. obno17() Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required -6.-Name and Address of Current Registered Agent=== 7.-Name and Address of New Registered Agent (same agent, neworthess) <u>Chiodo, Angelo</u> CHIODO, ANGELO Street Address (P.O. Box Number is Not Acceptable) 2419 Lake Orange Drive 7503 CHANCELLOR DRIVE ORLANDO FL 32809 City Zip Code 32837 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition **4/11 '12** か NAME HILL, JD NAME 2419 Lake Orange Drive **7503 CHANCELLOR DRIVE** STREET ADDRESS STREET ADDRESS Orlando, FL 33837 ORLANDO FL 32809 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ■ Addition NAME DOMINICK, ANTOINE NAME Dominick, Antoine 2419 Lake Orange Drive STREET ADDRESS 7503 CHANCELLOR DR. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32809 CITY-ST-ZIP <u>Orlando FL 32837</u> TITLE ☐ Delete TITLE Change Change ☐ Addition Graham, Steve NAME NAME GRAHAM, STEVE 2419 Lake Orange Drive STREET ADDRESS 7503 CHANCELLOR DR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32809 CITY-ST-ZIP Orlando FL 32837 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied want his 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 enjoyeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or truste changed, or on an attachment with an add