

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 320996

1. Entity Name

INSTRUMENT CONTROL SERVICE, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90945 043 ***150.00

Principal Place of Business

Mailing Address

P O BOX 7126
PENSACOLA FL 32534

P O BOX 2216
SCHENECTADY NY 12301-2216
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1200550**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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 ~~XX~~ ☒ Delete
NAME ~~PAUL A. FRECHETTE~~
STREET ADDRESS ~~2420 HWY 29 S~~
CITY-ST-ZIP ~~PENSACOLA FL 32534~~

TITLE ☐ Delete
NAME AMY G CROSSWAIT
STREET ADDRESS 2420 HWY 29 S
CITY-ST-ZIP PENSACOLA, FL 00000 32534

TITLE ~~VD~~ ☒ Delete
NAME LARRY E MCKEE
STREET ADDRESS 2420 HWY 29 S
CITY-ST-ZIP PENSACOLA FL 32534

TITLE ☒ Delete
NAME PD SCRUGGS, TERRY.
STREET ADDRESS 2420 HWY 29 S
CITY-ST-ZIP PENSACOLA FL 32534

TITLE ☒ Delete
NAME D FORD, RALPH
STREET ADDRESS 6465 E JOHNS CROSSING
CITY-ST-ZIP DELUTH GA 30097

TITLE ☐ Delete
NAME VAT MELITA, BARBARA A
STREET ADDRESS 12 CORPORATE WOODS BLVD
CITY-ST-ZIP ALBANY NY 12211

TITLE PD ☐ Change ☐ Addition
NAME LARRY E. MCKEE
STREET ADDRESS 2420 HWY. 29 SOUTH
CITY-ST-ZIP PENSACOLA, FL 32534

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

TITLE ~~VD~~ ☐ Change ☐ Addition
NAME RICHARD H. MCCONNELL
STREET ADDRESS 2420 HWY. 29 SOUTH
CITY-ST-ZIP PENSACOLA, FL 32534

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

TITLE D ☐ Change ☐ Addition
NAME TERRY L. TRIM
STREET ADDRESS 2420 HWY. 29 SOUTH
CITY-ST-ZIP PENSACOLA, FL 32534

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: *Barbara A. Melita*

BARBARA A. MELITA

4/26/00

(518)433-4337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)