

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 850103

1. Entity Name

CARDIAC CONTROL SYSTEMS, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90073 014 ***158.75

Principal Place of Business

Mailing Address

3 COMMERCE BLVD
PALM COAST FL 32164-3100

3 COMMERCE BLVD
PALM COAST FL 32135-3339
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PALM COAST FL

4. FEI Number

74-2119162

Applied For

Not Applicable

Zip

Country

Zip

Country

32135-3339 U.S.A.

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

RABIN, ALAN
19 CHOCTAW DR.
ORMOND BEACH FL 32174

Name

W. ALAN WALTON

Street Address (P.O. Box Number is Not Acceptable)

16 COLLEGE COURT

City

PALM COAST

FL

Zip Code

32137-9034

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

W. A. Walton

(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 NAME STREET ADDRESS CITY-ST-ZIP	DP RABIN, ALAN 3 COMMERCE BLVD PALM COAST FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHARTON, WILLIAM A 3 COMMERCE BLVD PALM COAST FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GUTEKUNST, BART 10 TIMOTHY ROAD WESTON CT	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEE, JONATHAN S 3 COMMERCE BLVD PALM COAST FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCMAHON, TERRY 3 COMMERCE BLVD PALM COAST FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAIMOVITCH, LARRY 353 SACRAMENTO STREET, 16TH FLOOR SAN FRANCISCO CA	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	(REMOVED) CHIEF OPERATING OFFICER W. ALAN WALTON 16 COLLEGE COURT PALM COAST FL 32137-9034	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

W. A. Walton W. ALAN WALTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/23/2000

Daytime Phone #

904-445-5276

CR2E034 (9/99)