

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000000809

1. Entity Name
CONTROL CONSTRUCTION CO., INC.

Principal Place of Business
333 MEADOWLAND PARKWAY
SECAUCUS NJ 07094

Mailing Address
333 MEADOWLAND PARKWAY
SECAUCUS NJ 07094

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BARCLAY, JAMES M. ESQ.
C/O RUDEN, MCCLOSKEY, ET AL
215 SOUTH MONROE STREET, SUITE 815
TALLAHASSEE FL 32301

4. FEI Number 22-3667056

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

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 *James Barclay*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.13.01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TUREN, EDWARD D	
STREET ADDRESS	333 MEADOWLAND PARKWAY	
CITY-ST-ZIP	SECAUCUS NJ 07094	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TUREN, NEAL	
STREET ADDRESS	333 MEADOWLAND PARKWAY	
CITY-ST-ZIP	SECAUCUS NJ 07094	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Neal Turen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY
NEAL TUREN

Date 9/28/2001 201-864-1900
Daytime Phone #

FILED

01 DEC 13 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

0106303 AT

CR2E034 (5/01)