

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90855 026 \*\*\*158.75

**DOCUMENT # F58439**

1. Entity Name

**MICRO TIMER & CONTROLS, INC.**

Principal Place of Business

**2603 NE 17 TERRACE  
 GAINESVILLE FL 32609-3241  
 US**

Mailing Address

**P. O. BOX 1230  
 GAINESVILLE FL 32602-1230  
 US**

2. Principal Place of Business

**14707 NW 140 ST**

3. Mailing Address

**PO Box 1480**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ALACHUA FL**

City & State

**ALACHUA FL**

Zip

Country

**32615 USA**

Zip

Country

**32616-1480 USA**

4. FEI Number

**59-2198726**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HARGROVE, DANIEL J.**

**2603 N.E 17TH TERRACE  
 GAINESVILLE FL 32609-3241**

7. Name and Address of New Registered Agent

Name

**DANIEL J. HARGROVE**

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

**14707 NW 140 ST**

City

**ALACHUA**

**FL**

Zip Code

**32615**

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

*Daniel J. Hargrove*

*Daniel J. Hargrove*

**04/29/02**

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

TITLE	<b>DPT</b>	<input type="checkbox"/> Delete
NAME	<b>HARGROVE, DANIEL J</b>	
STREET ADDRESS	<b>2603 NE 17TH TERR</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARGROVE DANIEL J</b>	
STREET ADDRESS	<b>14707 NW 140 ST</b>	<b>Address</b>
CITY-ST-ZIP	<b>ALACHUA FL 32615</b>	
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:

*Daniel J. Hargrove*

**04/29/02**

**386-462-2177**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)