

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002641

1a. Entity Name

CONTROL ENGINEERING COMPANY

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90009 017 \*\*\*558.75

Principal Place of Business

8212 HARBOR - PETOSKY ROAD  
HARBOR SPRINGS MI 49740

Mailing Address

8212 HARBOR - PETOSKY ROAD  
HARBOR SPRINGS MI 49740

2. Principal Place of Business

8212 M-119 HWY

3. Mailing Address

8212 M-119 HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HARBOR SPRINGS MI

City & State

HARBOR SPRINGS MI

4. FEI Number

38-1743633

Applied For

Not Applicable

Zip

Country

EMMET

Zip

Country

EMMET

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. 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	P	<input type="checkbox"/> Delete
NAME	WEBB, GEORGE H	
STREET ADDRESS	34375 W. 12 MILE ROAD	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VOKES, A R	
STREET ADDRESS	8212 HARBOR-PETOSKY ROAD	
CITY-ST-ZIP	HARBOR SPRINGS MI	
TITLE	S	<input type="checkbox"/> Delete
NAME	WEBB, SUSAN M	
STREET ADDRESS	24012 GLEN RIDGE COURT	
CITY-ST-ZIP	NOVI MI	
TITLE	T	<input type="checkbox"/> Delete
NAME	HODKINSON, STEVEN F	
STREET ADDRESS	2863 MEADOWOOD LANE	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	
TITLE	CD	<input type="checkbox"/> Delete
NAME	WEBB, JERVIS C	
STREET ADDRESS	34375 W 12 MILE ROAD	
CITY-ST-ZIP	FARMINGTON HILLS MI	
TITLE	AT	<input type="checkbox"/> Delete
NAME	WALLACE, BETTY J	
STREET ADDRESS	409 SHOTKA	
CITY-ST-ZIP	WESTLAND MI	

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	
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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/00 231-347-3931  
Date Daytime Phone #

CR2E034 (5/00)