

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90158 035 \*\*\*158.75

**DOCUMENT # F99000002641**



**1. Entity Name**  
**CONTROL ENGINEERING COMPANY**

**Principal Place of Business**  
**8212 M-119 HWY**  
**HARBOR SPRINGS MI 49740**

**Mailing Address**  
**8212 M-119 HWY**  
**HARBOR SPRINGS MI 49740**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 38-1743633**

Applied For

Not Applicable

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH 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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

**BARBARA A. BURKE**  
**SPECIAL ASSISTANT SECRETARY**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-19-03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** P ☐ Delete  
**NAME** WEBB, GEORGE H  
**STREET ADDRESS** 34375 W. 12 MILE ROAD  
**CITY-ST-ZIP** FARMINGTON HILLS MI

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

**TITLE** VD ☐ Delete  
**NAME** VOKES, A R  
**STREET ADDRESS** 8212 HARBOR-PETOSKY ROAD  
**CITY-ST-ZIP** HARBOR SPRINGS MI

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

**TITLE** S ☐ Delete  
**NAME** WEBB, SUSAN M  
**STREET ADDRESS** 24012 GLEN RIDGE COURT  
**CITY-ST-ZIP** NOVI MI

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

**TITLE** T ☒ Delete  
**NAME** HODKINSON, STEVEN F  
**STREET ADDRESS** 2863 MEADOWOOD LANE  
**CITY-ST-ZIP** BLOOMFIELD HILLS MI

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

**TITLE** CD ☒ Delete  
**NAME** WEBB, JERVIS C  
**STREET ADDRESS** 34375 W 12 MILE ROAD  
**CITY-ST-ZIP** FARMINGTON HILLS MI

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

**TITLE** AT ☐ Delete  
**NAME** WALLACE, BETTY J  
**STREET ADDRESS** 409 SHOTKA  
**CITY-ST-ZIP** WESTLAND MI

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

**12. 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 10 or Block 11 if changed; or on an attachment with an address, with all other information empowered.**

**SIGNATURE:**

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

**2/10/03**

Date Daytime Phone #

CR2E034 (10/02)