## 2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # G91782** 1. Entity Name MECHANICAL CONTROLS CORPORATION

## FILED May 03, 2001 8:00 am Secretary of State

WECHANICAL CONTROLS CONFORMION						05-03-2001 90047 046 ***150.00					
Principal Place of Business % HARRY G. ASTON 3350 ULMERTON RD UNIT 24		Mailing Address % HARRY G. ASTON 3350 ULMERTON RD UNIT 24							<del>-</del>		
CLEARWATER F		CLEARWATER FL 33762	24			1 1 <b>40</b> 1171 <b>86</b> 2 <b>6</b>	48781 16811 18881 4 <b>8</b> 11	A 1181 81811 616)1	A(A)( 2(1)) 1	1821 <b>8</b> 1811 (881	
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.					DO NOT WRI	TE IN THIS S	PACE		
City & State		City & State			<b>4.</b> F	El Number	59-238624	0	_	Applied For Not Applicable	
Zip Country		Zip	ip Country		5. (	5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Address of Current R	egistered Agent	L		7. N	lame and A	ddress of New I	Registered A	gent		
ACTON HADDY O			Name								
3350	on, Harry G. Ulmerton Road	•		Street Add	dress (P.O. B	lox Number i	s Not Acceptabl	e) 			
STE 24 CLEARWATER FL 33762				City			FL	Zip Co	ode		
SIGNATURE.	named entity submits this statement for signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible	•	E: Registered	d Agent signature	required when re	instating)	in the State of Fl	DATE		.00 May Be	
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2001 Fee will be \$550. Make Check Payable to Department of			of State	Trust	Fund Contribution	on. 🗆	Ådd	ed to Fees	
11.	OFFICERS AND D		12.		_		HANGES TO OF	FICERS AND			7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ASTON, HARRY G. 3350 ULMERTON ROAD CLEARWATER FL	🙇 Delete							Change	Addition	E024 (10/0)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Delete MONTGOMERY, ROSS 3350 ÜLMERTON RD. CLEARWATER FL			E ET ADDRESS -ST-ZIP	Timoth 2809 E Richmo	VP Asst Sec Board of Directors Chang Timothy J. Dolan 2809 Emerywood Parkway Richmond, VA 23294					
NAME STREET ADDRESS CITY-ST-ZIP		· ·- Delete			Loves F	chultz lifford Av Park, IL	enue	f Director	□ Change S	e • • Addition _	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1	Norcros	Bennett orcross F ss, GA 30	PKW 230 0071	f Director	☐ Change S	e 🔯 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1	Wayne 1701 B	of Directo Geary yrd Aven ond VA 2	ue		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· Delete							☐ Change	Addition	
	certify that the information supplied with t	his filing does not qualify fo			d in Section	119.07(3)(i),	Florida Statutes.	I further cert	ify 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:**