

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H29958

1. Entity Name

CONTROL FABRICATION, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90076 023 ***550.00

Principal Place of Business

Mailing Address

2530 MICHIGAN STREET
WEST MELBOURNE FL 32904

2530 MICHIGAN STREET
WEST MELBOURNE FL 32904-6137

2. Principal Place of Business

2632 AURORA ROAD

3. Mailing Address

2104 SANTA LUCIA CIRCLE

Suite, Apt. #, etc.

SUITE T

Suite, Apt. #, etc.

City & State

MELBOURNE FL

City & State

MELBOURNE FL

Zip

Country

32935 USA

Zip

Country

32935 USA

4. FEI Number

59-2514552

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, MARION J
2530 MICHIGAN STREET
WEST MELBOURNE FL 32904

Name

BROWN, MARION J

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

2104 SANTA LUCIA CIRCLE

City

MELBOURNE

FL

Zip Code

32935

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 *Marion J Brown*

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
BROWN, MARION J.
2530 MICHIGAN STREET
W. MELBOURNE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
2104 SANTA LUCIA CIRCLE
MELBOURNE, FL 32935

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: *Marion J Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARION J BROWN 5/3/00

321-751-9195

CR2E034 (9/99)