

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90224 017 ***150.00

DOCUMENT # H51052

1. Entity Name
CONTROL ENGINEERING GROUP, INC.



Principal Place of Business
**175 SEMORAN COMMERCE PLACE
SUITE C
APOPKA FL 32703**

Mailing Address
**175 SEMORAN COMMERCE PLACE
SUITE C
APOPKA FL 32703**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2525701**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEMING, WAYNE
8520 LAKE BOSSE DRIVE
ORLANDO FL 32810**

Name

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

227 W. Sabal Palm Place

City

Longwood

FL

Zip Code

32779

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVP
DEMING, WAYNE LEE
8520 LAKE BOSSE DR
ORLANDO FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**227 W. Sabal Palm PL
Longwood, FL 32779** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
DEMING, WAYNE LEE
8520 LAKE BOSSE DR
ORLANDO FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**227 W. Sabal Palm PL
Longwood, FL 32779** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
DEMING, CHERYL
8520 LAKE BOSSE DRIVE
ORLANDO FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**227 W. Sabal Palm PL
Longwood, FL 32779** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Wayne L. Deming 2/6/03 407-889-2432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)