

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**  
 04-29-2002 90116 044 \*\*\*150.00

**DOCUMENT # H51829**  
 1. Entity Name  
**CONTROL INSTRUMENT SERVICES, INC.**

Principal Place of Business Mailing Address  
**3607 VENTURA DR. EAST 3607 VENTURA DR. EAST**  
**LAKELAND FL 33811-1229 LAKELAND FL 33811-1229**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2519901**

Applied For  
☒ Not Applicable

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

**BENEDICT, JOHN A.**  
**3607 VENTURA DRIVE EAST**  
**LAKELAND FL 33803**

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 \$150.00**  
**After May 1, 2002 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 PD  
 NAME BENEDICT, JOHN A.  
 STREET ADDRESS 5135 ISLAND VIEW CIRCLE  
 CITY-ST-ZIP POLK CITY FL 33868 ☐ Delete

TITLE CEO  
 NAME Benedict, John A.  
 STREET ADDRESS 5135 Island View Circle  
 CITY-ST-ZIP Polk City, FL 33868 ☒ Change ☐ Addition

TITLE VST  
 NAME BENEDICT, YVONNE M.  
 STREET ADDRESS 5135 ISLAND VIEW CIRCLE  
 CITY-ST-ZIP POLK CITY FL 33868 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE President  
 NAME Harold Bailey  
 STREET ADDRESS 1625 Ariana Street #118  
 CITY-ST-ZIP Lakeland, FL 33803 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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: *Yvonne M. Benedict* VST  
 Yvonne M. Benedict

4-15-2002 (863) 644-9838  
 Date Daytime Phone #

CR2E034 (9/01)