

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90192 023 ***150.00

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DOCUMENT # H51829

1. Entity Name
CONTROL INSTRUMENT SERVICES, INC.



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

Mailing Address
**3607 VENTURA DR. EAST
LAKELAND FL 33811-1229**



2. Principal Place of Business
2600 Industrial Park Dr.

3. Mailing Address
2600 Industrial Park Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. C

Ste. C

City & State

City & State

Lakeland, FL

Lakeland, FL

Zip

Country

Zip

Country

33801

Polk

33801

Polk

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT-APPLICABLE**

Applied For
Not Applicable

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

John A. Benedict

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

2600 Industrial Park DR.

Ste. C

City

Lakeland, FL

FL

Zip Code
33801

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 *John A. Benedict*
Signature, typed or printed name of registered agent and title if applicable.

John A. Benedict CEO
(NOTE: Registered Agent signature required when reinstating)

4/15/2003
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	CEO BENEDICT, JOHN A. 5135 ISLAND VIEW CIRCLE POLK CITY FL 33868 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BENEDICT, YVONNE M. 5135 ISLAND VIEW CIRCLE POLK CITY FL 33868 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAILEY, HAROLD 1625 ARIANA STREET #118 LAKELAND FL 33803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

John A. Benedict
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Benedict CEO 4/15/2003 863-665-9006

Date

Daytime Phone #

CR2E034 (10/02)