

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H69264

1. Entity Name

CONTROLLED PROGRAMS, INC.

FILED

Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90080 001 ***750.00

Principal Place of Business

Mailing Address

~~XXXX PROFESSIONAL DRIVE XX~~

PONTE VEDRA BEACH FL 32082-0410
US

P O BOX 410

PONTE VEDRA BEACH FL 32004-0410
US

12500



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10033 Sawgrass Dr. W

3. Mailing Address

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

City & State

Ponte Vedra, FL

City & State

4. FEI Number

59-2566722

Applied For

Not Applicable

Zip

32082

Country

USA

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

KAY, THOMAS N.

~~XXXXX 155 PROFESSIONAL DRIVE XX~~

PONTE VEDRA BEACH FL 32082

Name

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

10033 Sawgrass Drive W. Suite 101

Ponte Vedra

FL

Zip Code
32082

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, 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 P
STREET ADDRESS KAY, THOMAS N.
CITY-ST-ZIP ~~XXXXX 155 PROFESSIONAL DRIVE XX~~ 10033 Sawgrass Dr
PONTE VEDRA BEACH FL 32082 W. #101

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

THOMAS N. KAY

3/22/00

Date

904 285-5757

Daytime Phone #

CR2F034 (9/99)