

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91312 042 \*\*\*150.00

DOCUMENT # **H69264**

1. Entity Name

**CONTROLLED PROGRAMS, INC.**



Principal Place of Business

~~10000 SAWGRASS DRIVE WEST~~

~~SUITE 101~~

~~PONTE VEDRA BEACH FL 32082-0410~~

US

Mailing Address

P O BOX 410

PONTE VEDRA BEACH FL 32004 - 0410

US

**11024659**



2. Principal Place of Business

**155 Professional Drive**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ponte Vedra Beach FL**

City & State

4. FEI Number

**59-2566722**

Applied For

Not Applicable

Zip

Country

**32082**

**US**

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.

~~10000 SAWGRASS DRIVE WEST SUITE 101~~

PONTE VEDRA BEACH FL 32082

Name

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

**155 Professional Drive**

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

SIGNATURE

**4/23/03**

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 ☐ Delete  
NAME **P**  
STREET ADDRESS **KAY, THOMAS N.**  
CITY-ST-ZIP **~~10000 SAWGRASS DRIVE SUITE 101~~**  
**PONTE VEDRA BEACH FL 32082**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **155 Professional Drive**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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**

**4/23/03 (904) 285-5757**

Date

Daytime Phone #

CR2E034 (10/02)