2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J40940

1. Entity Name

HYTORK CONTROLS, INC.

FILED
Mar 10, 2000 8:00 am
Secretary of State
03-10-2000 90006 028 ***150.00

Principal Place of Business	Mailing Address
9009 KING PALM DRIVE TAMPA FL 33619	9009 KING PALM DRIVE TAMPA FL 33619-8364

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2792478 ☐ 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
HIGBEE, R. ALAN 501 E KENNEDY BLVD STE 1700 STE 1700 TAMPA FL 33602	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCLEAN, KEITH G. 1301 ALHAMBRA DR APOLLO BEACH FL 33572	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PALMER, ROBIN C. 9753 PINE LAKE DR HOUSTON, TX 77055	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FILOSI, VINCENT 940 ALLEGRO LANE APOLLO BCH. FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRENEK, WINFRED M. 7903 SCHERZO LANE HOUSTON, TX 77040	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NESBITT, WILLIAM 4135 CREEK WOOD LANE MULBERRY FL 33860	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOLLEY, LAWRENCE W. 12725 SPRUCE POND DR ST. LOUIS, MO 63131	☐ 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

CR2E034 (9/99)

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: _____ KEITH G. McLEAN, PRES 3/6/00 813-630-7755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #