2001 UNIFORM BUSINESS REPORT (UBR)

03-05-2002 90001 008 ***155.00
L00000001324

DOCUMENT # L00000001324

1. Entity Name

CONTROL SPECIALIST INTERNATIONAL LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR 26 PM 4:03

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
864 POINTSETTIA STREET CASSELBERRY FL 32707	3385 S. HWY. 17-92 SUITE 1129 CASSELBERRY FL 32707

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	142 SEMORAN BLVD Suite, Apt. #, etc. PMB 311
City & State	City & State CASSELBERRY FL
Zip / Country	Zip 32707-4203 / Country

4. FEI Number 59-3629173 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	Name David C Crowder Street Address (P.O. Box Number is Not Acceptable) 820 Lake Katherine Cir. City Casselberry **FL** Zip Code 32707

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 David C Crowder 3/19/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ELLY, RICHARD J 864 POINTSETTIA STREET CASSELBERRY FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100005389121--3 -04/30/02--01015--001 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition REINSTATEMENT 01-02
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 FF $200
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition CUS 5.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (5/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Richard J Elly SIGNATURE REQUIRED RICHARD J ELLY 2-18-02 (407) 699-5194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #