

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90356 033 *****50.00

DOCUMENT # M00000001985

1. Entity Name

GLOBAL CONTROLS, LLC

Principal Place of Business

**14600 YORKSHIRE RUN DR.
 ORLANDO FL 32828**

Mailing Address

**14600 YORKSHIRE RUN DR.
 ORLANDO FL 32828**

2. Principal Place of Business

3. Mailing Address

PO Box 780548

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

4. FEI Number

54-1915832

Applied For
 Not Applicable

Zip

Country

32818-0548

Country

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

**JACOBS, CANDY
 C/O GLOBAL CONTROLS, LLC
 14600 YORKSHIRE RUN DR.
 ORLANDO FL 32828**

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

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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MEM
 WALKER, RONALD S
 14600 YORKSHIRE RUN DR.
 ORLANDO FL 32828** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Delete

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

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: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/16/02 407/381-9060

CR2E083 (9/01)