

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90166 020 ***150.00

DOCUMENT # P00000013279

1. Entity Name
CONTROL SERVICES GROUP, INC.



Principal Place of Business
**333 MEADOWLAND PKWY.
SECAUCUS NJ 07074**

Mailing Address
**333 MEADOWLAND PKWY.
SECAUCUS NJ 07074**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **58-2528313**

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

**BARCLAY, JAMES M
215 N. MONROE ST., STE. 815
TALLAHASSEE FL 32301**

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

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	P TUREN, EDWARD 333 MEADOWLAND PARKWAY SECAUCUS NJ 07094 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUREN, NEAL 333 MEADOWLAND PARKWAY SECAUCUS NJ 07094 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/05/03

(201) 864-1900

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

Control Building Services, Inc.

333 Meadowland Parkway, Secaucus, New Jersey 07094 ☎ 201.864.1900 Fax: 201.319.9500

80050431
#PO0000013279

March 5, 2003

Division of Corporations
Uniform Business Report Filing
P. O. Box 1500
Tallahassee, FL 32302-1500



Re: Control Services Group, Inc.
2003 Uniform Business Report
FEI# 58-2528313

Dear Department of State,

Enclosed please find Control Services Group, Inc. Uniform business report for the year 2003. In addition I am enclosing a check for the amount of \$150.00 which represents the required filing fee.

If there are any questions, please feel free to call.

Very truly yours,

Edward Tschersich
Controller

2003CSGFLuniformreport