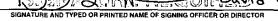
**FILED** 

## 2002 Uniform Business Report (UBR)

## Apr 08, 2002 8:00 am Secretary of State P01000091940 DOCUMENT # 1. Entity Name 04-08-2002 90236 018 \*\*\*150.00 DH CONTROL SOLUTIONS INC Principal Place of Business Mailing Address 16829 HARRIERRIDGE PLACE 16829 HARRIERRIDGE PLACE --. LITHIA FL 33547 LITHIA FL 33547 2. Principal Place of Business 3. Mailing Address 6765 FishHawk Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE **\*** 301 City & State City & State 4. FEI Number Applied For 59 - 3745442 --- :: \_ithia Not Applicable Zip\_\_\_\_ \_Country Zip . Country \$8.75 Additional 5. Certificate of Status Desired 33547 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRIS, DAVID L JR. Street Address (P.O. Box Number is Not Acceptable) **16829 HARRIERRIDGE PLACE** LITHIA FL 33547 City Zip Code FL 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (9/01) ☐ Change Addition TITLE Delete TITLE HARRIS, DAVID L JR. NAME NAME CR2E034 16829 HARRIERRIDGE PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LITHIA FL 33547 CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME HARRIS, DAVID L SR. NAME 1507 WILDWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ACWORTH GA 30102 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition HARRIS, MILISSA W NAME NAME 16829 HARRIERRIDGE PLACE STREET ADDRESS STREET ADORESS CITY-ST-ZIE LITHIA FL 33547 CITY-ST-7IP Delete TITI F TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITL F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.



813-681 -3877