

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000122288

1. Entity Name

CENTRAL FLORIDA CONTROLS, INC.

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90090 005 ***150.00

Principal Place of Business

726 MARION OAKS LN
OCALA FL 34473

Mailing Address

726 MARION OAKS LN
OCALA FL 34473

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FFL Number

80-0006684

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

SCHWENNEKER, LORRIE
726 MARION OAKS LN
OCALA FL 34473

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 D ☐ Delete
NAME SCHWENNEKER, ROBERT
STREET ADDRESS 726 MARION OAKS LN
CITY-ST-ZIP Ocala FL 34473

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

TITLE D ☐ Delete
NAME SCHWENNEKER, LORRIE
STREET ADDRESS 726 MARION OAKS LN
CITY-ST-ZIP Ocala FL 34473

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

LORRIE SCHWENNEKER
LORRIE SCHWENNEKER 8/28/02 352-347-6075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
#PO1000122286

August 28, 2002

To Whom It May Concern:

This is the first notice I have received about Uniform Business Report that needs to be filed. I did not receive it until June of this year. I was unaware that I needed to file this. I am new at operating a business and still learning all the forms that need to be sent.

Can the late fee be waived? I am enclosing a check for \$150.00. Please let me know if there is anything else I need to do.

Thank you,

Lorrie Schwenneker - Vice President,
Central Florida Controls, Inc.