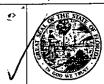
FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PO200040359

BROTHERS AJC & CONTROLS, INC.



FILED Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90637 046 ***150.00

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事意		西北 丰	A.			V 4		1	

2. Principal Place of Business 2307 BRUNER LN. Suite, Apt. #, etc.

Mailing Address

P.O. BOX 61848

Suite, Apt. #, etc. ORT MYERS

4. FEI Number

04-3641578

Applied For Not Applicable

City & State

CRT MYER

U. S. A.

3*3906*

Country U.S.A

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

MARVEY

Street Address (P.O. Box Number is Not Acceptable)

4613 S.E. 5TH AVE. #208

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.

TITLE

NAME

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

10.

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

PRUCE D. HARVEY NAME STREET ADDRESS CAPE CORPL, FL 33904 CITY-ST-ZIP TITLE MARK HARVEY YUB SE GTH AVE #208 NAME STREET ADDRESS CAPE CORAL CHY-ST-ZIE TITLE ALLEN HARVEY 4613 SE STHAVE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE

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NAME STREET ADDRESS

CITY-ST-ZIP TITLE

DO NOT WRITE IN THIS SPACE

NAME STREET ADDRESS

CITY-ST-ZIP TITLE NAME

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

STREET ADDRESS CITY-ST-7IP

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 on an attachment with an address, with all other like empowered

SIGNATURE:

IAME OF SIGNING OFFICER OR DIRECTOR