

2/19/01

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

02-19-2001 90025 049 ***150.00

DOCUMENT # P93000011705

1. Entity Name

CONTROLLED SYSTEMS I, INC.

Principal Place of Business

Mailing Address

3471 N FED HWY
 506
 FT. LAUDERDALE FL 33306
 US

3471 N FED HWY
 506
 FT. LAUDERDALE FL 33306
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0427930**

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

CAMERON, CARA E
 2929 E. COMMERCIAL BLVD.
 STE 410
 FORT LAUDERDALE FL 33308

Name **Jay Crouch**

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

3471 N. Federal Hwy #506City **Ft. Lauderdale** FL Zip Code **33306**

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 renewing)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See Florida Statute 218.30)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE ☐ Delete
 NAME **P/S CROUCH, JAY**
 STREET ADDRESS **3029 N ATLANTIC BLVD**
 CITY-ST-ZIP **FT LAUDERDALE FL 33306**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **D Brad Crouch**
 STREET ADDRESS **3471 N. Federal Hwy #506**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33306**

TITLE ☐ Change ☒ Addition
 NAME **D Criss Crouch**
 STREET ADDRESS **3471 N. Federal Hwy #506**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33306**

TITLE ☐ Change ☒ Addition
 NAME **D Dale Reynier**
 STREET ADDRESS **3471 N. Federal Hwy #506**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33306**

TITLE ☐ Change ☒ Addition
 NAME **D Bruce Belanger**
 STREET ADDRESS **3471 N. Federal Hwy #506**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33306**

TITLE ☒ Change ☐ Addition
 NAME **P/S Jay Crouch**
 STREET ADDRESS **3471 N. Federal Hwy #506**
 CITY-ST-ZIP **Ft. Lauderdale, FL 33306**

TITLE ☐ Change ☐ Addition
 NAME
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)