2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P93000036938** Feb 20, 2000 8:00 am **Secretary of State** CONTROL DESIGN ELECTRICAL CONTRACTORS, INC. 02-20-2000 90050 036 ***158.75 Principal Place of Business Mailing Address PO BOX 16519 7820 PROFESSIONAL PL #2 TAMPA FL 33687-6519 TAMPA FL 33637 2. Principal Place of Business 3. Mailing Address 8020 Cheyenne Lane Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. akeland PD BOX 16519 4. FEI Number Applied For City & State 59-3182459 Not Applicable <u>Tampa</u> Country \$8.75 Additional Zip 5. Certificate of Status Desired 33687-6519 4;115 borous 33810 Polk Fee Required .6. Name and Address of Current Registered Agent. 7.- Name and Address of New Registered Agent Name John re<u>rguson</u> FERGUSON, MICHAEL E Box Number is Not Acceptable) 7820 PROFESSIONAL PL Cheyenne Lane # 2 -TAMPA-FL 33637--Zip Code 33810 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 Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. President, Secretary TITLE X Delete Ferguson, John Earl FERGUSON, MICHAEL E NAME NAME 8020 Chevenne Lane 910 RIVER RAPIDS AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33511 Lakeland, FL 33810 ☐ Change Addition TITLE X Delete TITLE FERGUSON, JOHN EARL-NAME NAME STREET ADDRESS 8020 CHEYENNE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33809 -Change ☐ Addition... Delete _ TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: John Earl Ferguson 2-2-2000 813-899-9346