

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-24-2003 90105 015 ***158.75

DOCUMENT # P93000036938

1. Entity Name
CONTROL DESIGN ELECTRICAL CONTRACTORS, INC.



Principal Place of Business
**8020 CHEYENNE LANE
LAKELAND FL 33810**

Mailing Address
**PO BOX 16519
TAMPA FL 33687-6519**

2. Principal Place of Business

4081 Falling Leaf Lane
Suite, Apt. #, etc.

3. Mailing Address

PO Box 90069
Suite, Apt. #, etc.

City & State
Lakeland, Florida

Zip
33610

Country
Polk

City & State
Lakeland, Florida

Zip
33804

Country
Polk

4. FEI Number **59-3182459**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FERGUSON, JOHN E
8020 CHEYENNE LANE
LAKELAND FL 33810**

7. Name and Address of New Registered Agent

Name **Ferguson, John E.**
Street Address (P.O. Box Number is Not Acceptable)
4081 Falling Leaf Lane
City **Lakeland** FL **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **John E Ferguson**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-17-03

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete
NAME **FERGUSON, JOHN E**
STREET ADDRESS **8020 CHEYENNE LANE**
CITY-ST-ZIP **LAKELAND FL 33810**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Ferguson, John E.**
STREET ADDRESS **4081 Falling Leaf Lane**
CITY-ST-ZIP **Lakeland, FL. 33810**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John E Ferguson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-03

Date

Daytime Phone #

CR2E034 (10/02)