

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P93000074335**1. Entity Name  
**SUBJECT CONTROL SYSTEMS INC.**Principal Place of Business  
RT 3, BOX 300 F  
BIG PINE KEY FL 33043  
Mailing Address  
BOX 430706  
BIG PINE KEY FL 33043 US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

4. FEI Number  
**65-0454837**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET****TALLAHASSEE FL 323010000 US****7. Name and Address of New Registered Agent**

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.

SIGNATURE \_\_\_\_\_ **04/27/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**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 **S** ☐ Delete  
NAME **VOGT SUSAN E**  
STREET ADDRESS **3865 SUNSET DR**  
CITY-ST-ZIP **BIG PINE KEY FL**TITLE **D** ☐ Delete  
NAME **ARAUJO KENNETH F**  
STREET ADDRESS **RT 3, BOX 300 F**  
CITY-ST-ZIP **BIG PINE KEY FL 33043**TITLE ☐ Delete  
NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **S** ☒ Change ☐ Addition  
NAME **VOGT SUSAN E**  
STREET ADDRESS **2942 CENTRAL AVENUE**  
CITY-ST-ZIP **BIG PINE KEY FL 33043**TITLE **D** ☒ Change ☐ Addition  
NAME **ARAUJO KENNETH F**  
STREET ADDRESS **2942 CENTRAL AVENUE**  
CITY-ST-ZIP **BIG PINE KEY FL 33043**TITLE ☐ Change ☐ Addition  
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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: SUSAN E. VOGT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**S 04/27/2001**

Date Daytime Phone #

CR2E034 (11/00)