

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000085908

1. Entity Name
REVENUE CONTROL, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90051 014 ***150.00

Principal Place of Business
**1528 POWDER HORN RD. W.
TITUSVILLE FL 32796**

Mailing Address
**502 NW GALLOWAY RD. #409
MIAMI FL 33172-5718**

A0039587



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1528 W POWDER HORN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TITUSVILLE, FLORIDA

4. FEI Number **65-0475872**

Applied For

Not Applicable

Zip

Country

Zip

Country

32796-1561 BREVARD

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

**IMHOLZ, FRANK J
1528 W POWDERHORN ROAD
MIAMI FL 33172-5718**

Name

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

City

TITUSVILLE

FL

Zip Code

32796-1561

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 reinstating)

DATE

9. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **IMHOLZ, FRANK J**
CITY-ST-ZIP **1523 W POWDERHORN ROAD
TITUSVILLE FL 32796**

TITLE ☒ Change ☐ Addition
NAME **1528 W. POWDER HORN ROAD**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **IMHOLZ, JEANNE M**
CITY-ST-ZIP **1528 POWDER HORN RD. W.
TITUSVILLE FL 32796**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Frank J. Imholz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK J. IMHOLZ

04/21/01

327-269-2181

Date

Daytime Phone #

CR2E034 (10/00)