

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000024027

1. Entity Name
COMMAND AND CONTROL TECHNOLOGIES CORPORATION

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90062 029 ***150.00

Principal Place of Business
**1311 N HIGHWAY US 1
SUITE 129-Y
TITUSVILLE FL 32796
US**

Mailing Address
**1311 N HIGHWAY US 1
SUITE 129-Y
TITUSVILLE FL 32796
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3232339

Applied For
Not Applicable

Zip Country

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

**SIMONS, PETER C
2800 FAWN LAKE BLVD
MIMS FL 32754**

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 _____
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPT BROWN, KEVIN R 5365 CANGRO STREET COCOA FL 32926	<input type="checkbox"/>		<input type="checkbox"/>
P SIMONS, PETER C. 2800 FAWN LAKE BLVD MIMS FL 32754	<input type="checkbox"/>		<input type="checkbox"/>
VPS DAVIS, RODNEY D 28 BOUGAINVILLEA DRIVE COCOA BEACH FL 32931	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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 #

5/1/00 (407) 383-5282

CR2E034 (9/99)