

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90129 001 \*\*\*150.00

**DOCUMENT # P94000078187**

**1. Entity Name**  
**COMPUTROL MANUFACTURING CORPORATION**



**Principal Place of Business**  
**6290 147TH AVE. N.**  
**CLEARWATER FL 33760**  
**US**

**Mailing Address**  
**6290 147TH AVE. N.**  
**CLEARWATER FL 33767**  
**US**

30020000



**2. Principal Place of Business**

**3. Mailing Address**

**16605 Scheer Blvd.**

**P.O. Box 5158**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Hudson, FL**

**Hudson, FL**

City & State

City & State

**34667**

**US**

**34674-5158**

**US**

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number 59-3288083**

Applied For

Not Applicable

**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**

**LOVELL, WILLIAM P**  
**6290 147TH AVE. N.**  
**CLEARWATER FL 33760**

Name **Lovell, William P.** (Same agent,  
Street Address (P.O. Box Number is Not Acceptable) **new address**)

**16605 Scheer Blvd.**

City **Hudson**

**FL**

Zip Code **34667**

**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. Same agent, new address**

SIGNATURE **William P. Lovell** *Wm P Lovell* **1-20-2003**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PS** ☐ Delete  
NAME **WILLIAM, LOVELL P.**  
STREET ADDRESS **9663 MAINLANDS BLVD E**  
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE **PS** ☒ Change ☐ Addition  
NAME **Lovell, William P.** of Address only  
STREET ADDRESS **16605 Scheer Blvd.**  
CITY-ST-ZIP **Hudson, FL 34667**

TITLE **VT** ☐ Delete  
NAME **LOVELL, HELEN G**  
STREET ADDRESS **9663 MAINLANDS BLVD E**  
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE **VT** ☒ Change ☐ Addition  
NAME **Lovell, Helen G.** of Address only  
STREET ADDRESS **16605 Scheer Blvd.**  
CITY-ST-ZIP **Hudson, FL 34667**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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: *WILLIAM P. LOVELL* William P. Lovell 1-20-03 727869-0889**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)