

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000090286

1. Entity Name

AMERICAN GATE & CONTROLS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90202 013 ***150.00

Principal Place of Business

1316 29TH ST
ORLANDO FL 32805
US

Mailing Address

1316 29TH ST
ORLANDO FL 32805-6116
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3293084

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

SMITH, JOHN LEE
1316 20TH ST
ORLANDO FL 32805

Name

SMITH, JOHN LEE

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

1702 BONITA AVE

City

ORLANDO

FL

Zip Code

32805

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	PTD	<input type="checkbox"/> Delete
NAME	SMITH, JOHN L	
STREET ADDRESS	1702 BONITA AVE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILLS, WILLIAM	
STREET ADDRESS	520 LAKE KATHRYN CIR	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PANTER, BOBBY	
STREET ADDRESS	5260 BARCELONA ST.	
CITY-ST-ZIP	ORLANDO FL 32807	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CHAIRMAN & TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOHN L	
STREET ADDRESS	1702 BONITA AVE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	PRESIDENT & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLS, WILLIAM	
STREET ADDRESS	520 LAKE KATHRYN CIR	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRES SERV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLS, JOHN S.	
STREET ADDRESS	PO 181788	
CITY-ST-ZIP	CASSELBERRY FL 32718	
TITLE	VICE PRES INFO TEC & SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINELLI, CRIS	
STREET ADDRESS	PO 181788	
CITY-ST-ZIP	CASSELBERRY FL 32718	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-2000 4074230911

Date

Daytime Phone #

CR2E034 (9/99)