

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90043 004 ***150.00

DOCUMENT # P94000090286

1. Entity Name

AMERICAN GATE & CONTROLS, INC.

Principal Place of Business

**1316 29TH ST
 ORLANDO FL 32805
 US**

Mailing Address

**1316 29TH ST
 ORLANDO FL 32805
 US**

2. Principal Place of Business

1702 BONITA AVE
 Suite, Apt. #, etc.

3. Mailing Address

1702 BONITA AVE
 Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32805

Country

ORANGE

Zip

32805

Country

ORANGE

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

**SMITH, JOHN LEE
 1702 BONITA AVE
 ORLANDO FL 32805**

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

John L. Smith

4-25-02

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, 2002 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 **CT** ☐ Delete
 NAME **SMITH, JOHN L**
 STREET ADDRESS **1702 BONITA AVE**
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **VP** ☒ Delete
 NAME **PANTER, BOBBY**
 STREET ADDRESS **5260 BARCELONA ST.**
 CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **VPS** ☐ Delete
 NAME **MILLS, JOHN S**
 STREET ADDRESS **P O BOX 181788**
 CITY-ST-ZIP **CASSELBERRY FL 32718**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **PRESIDENT**
 STREET ADDRESS **WILLIAM M. LLS**
 CITY-ST-ZIP **520 LK KATHRYN CIR**
CASSELBERRY FL 32707

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

TITLE ☐ Change ☐ 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:

John L. Smith

4-25-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)