

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90388 004 ***158.75

DOCUMENT # P96000011032

1. Entity Name

COMBUSTION SYSTEMS & CONTROLS, INC.

Principal Place of Business

**2209 KILMER LANE
 APOPKA FL 32703-717
 US**

Mailing Address

**2209 KILMER LANE
 APOPKA FL 32703-717
 US**

2. Principal Place of Business

4213 34TH ST.

3. Mailing Address

4213 34TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

ORLANDO, FL.

Zip

32811

Country

ORANGE

Zip

32811

Country

ORANGE

4. FEI Number

59-3367964

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NORRIS, BEN G
 2223 KILMER LANE
 APOPKA FL 32703**

7. Name and Address of New Registered Agent

Name **KAREN A. CINTRON**

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

4213 34TH ST.

City

ORLANDO

FL

Zip Code

32811

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!!! FEES \$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 **D** ☒ Delete
 NAME **NORRIS, BEN G**
 STREET ADDRESS **2223 KILMER LN**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE **D** ☒ Delete
 NAME **NORRIS, JANE E**
 STREET ADDRESS **2223 KILMER LN**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **D** ☐ Change ☒ Addition
 NAME **BRUCE H. THOMAS**
 STREET ADDRESS **4213 34TH STREET**
 CITY-ST-ZIP **ORLANDO, FL. 32811**

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

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

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

Date

407/648-4860

Daytime Phone #

CR2E034 (9/01)