

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96060042211

1. Entity Name
**CONTROL AND MEASUREMENT INTERNATIONAL
INC.**

Principal Place of Business
421 HONWOOD BLVD
DELRAY BEACH, FL 33445 US

Mailing Address
421 HONWOOD BLVD
DELRAY BEACH, FL 33445 US

2. Principal Place of Business
6614 Pamela Lane
Date, Apt. #, etc.

3. Mailing Address
6614 Pamela Lane
Date, Apt. #, etc.

400022293064
08/13/03--01072--010 **150.00



☐ CHECK HERE IF MAKING CHANGES

City & State West Palm Beach FL		City & State West Palm Beach, FL		A. FEI Number 65-0668578	Applied For ☐ Not Applicable
ZIP 33405	Country Palm Beach	ZIP 33405	Country Palm Beach	Costs of State Delivery ☐ \$5.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, PHILIP 421 HONWOOD BLVD DELRAY BEACH, FL 33445				7. Name and Address of New Registered Agent Brown, Philip 6614 Pamela Lane	
City & State West Palm Beach FL				City & State FL 33405	

10. 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.

SIGNATURE Philip Brown
Signature, typed or printed name of authorized agent and date.

8. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D BROWN, PHILIP	421 HONWOOD BLVD	DELRAY BEACH, FL 33445		Philip Brown	6614 Pamela Lane	West Palm Beach, FL 33405

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included 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 authorized to operate this report as required by Chapter 604, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an amendment with an address, city, or other data empowered.

SIGNATURE: Philip Brown **Philip Brown, Director** **661.383.2350**
Signature, typed or printed name of signing officer and date.

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Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Control And Measurement International, Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. 150.00 check payable to Florida Department of State

We never received the Uniform Business Report that should have been mailed to us. Please ²⁰⁰³ waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: _____

Name: Philip Brown

Title: Director

Date: 7/30/03