

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000074662

1: Entity Name

GENERAL CONTROLS, INC.

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

05-24-2000 90074 040 ***150.00

Principal Place of Business

1050 KAPP DRIVE
 CLEARWATER FL 33765

Mailing Address

~~330 WINSTON CREEK PARKWAY, SUITE D~~
~~LAKELAND FL 33810-2856~~

2. Principal Place of Business

3. Mailing Address

PO Box 5768

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lakeland FL

Zip

Country

USA - 33807

Country

USA

4. FEI Number

59-3400968

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

JENKINS, MICHAEL C

~~330 WINSTON CREEK PARKWAY, SUITE D~~
~~LAKELAND FL 33810~~

Name

Same

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

5446 Highlands Vista Circle

City

Lakeland

FL

Zip Code

33813

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

Michael C. Jenkins

Michael C. Jenkins

4-30-00

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	DP	<input type="checkbox"/> Delete
NAME	JENKINS, MICHAEL C	
STREET ADDRESS	330 WINSTON CREEK PARKWAY, SUITE D	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	TS	<input type="checkbox"/> Delete
NAME	JENKINS, POLLY	
STREET ADDRESS	330 WINSTON CREEK PARKWAY, SUITE D	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	V	<input type="checkbox"/> Delete
NAME	JENKINS, DON	
STREET ADDRESS	330 WINSTON CREEK PARKWAY, SUITE D	
CITY-ST-ZIP	LAKELAND FL 33810	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5446 Highlander Vista Circle	
CITY-ST-ZIP	Lakeland FL 33813	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5446 Highlands Vista Circle	
CITY-ST-ZIP	Lakeland FL 33813	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	630 Kirkswood Court	
CITY-ST-ZIP	Lakeland FL 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

Date

Daytime Phone #

Michael C. Jenkins

4-30-00

863-683-0200

CR2E034 (9/99)