

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

DOCUMENT # **P96000089743**

1. Entity Name
CONTROL CONSULTANTS OF AMERICA INC.



FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90160 048 ***550.00

0145512 AB

Principal Place of Business
**3800 179TH STREET
HAMMORRD ID 46323**

Mailing Address
**1344 5TH AVENUE
PITTSBURGH PA 15219**

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 **25-1802862**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LEWIS, ROBERT J
5393 GULF OF MEXICO DRIVE
LONGBOT KEY FL 34228**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

RJ Lewis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-10-03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	P	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	COYNE, JOHN	
CITY-ST-ZIP	3800 179TH STREET HAMMORRD ID 46323	
TITLE NAME	T	<input type="checkbox"/> Delete
STREET ADDRESS	HENRICH, DONALD	
CITY-ST-ZIP	1344 5TH AVENUE PITTSBURGH PA 15219	
TITLE NAME	S	<input type="checkbox"/> Delete
STREET ADDRESS	LEWIS, ASHLEY	
CITY-ST-ZIP	1344 5TH AVENUE PITTSBURGH PA 15219	
TITLE NAME	CEO	<input type="checkbox"/> Delete
STREET ADDRESS	LEWIS, ROBERT J	
CITY-ST-ZIP	5393 GULF OF MEXICO DRIVE LONG BOAT KEY FL 34228	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	ROBERT J LEWIS	
CITY-ST-ZIP	5393 GULF OF MEXICO DRIVE LONG BOAT KEY FL 34228	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

RJ Lewis

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)