

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056368

Entity Name
CONTROL INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 OCT 23 AM 10:08

Principal Place of Business
1672 W HILLSBORO
#263
DEERFIELD BEACH FL 33442
US

Mailing Address
1672 W HILLSBORO
#263
DEERFIELD BEACH FL 33442
US

2. Principal Place of Business
2234 N. FEDERAL HWY
Suite Apt. #, etc.
PMB 483

3. Mailing Address
2234 N. FEDERAL HWY
Suite Apt. #, etc.
PMB 483

City & State
BOCA RATON FL
33431

City & State
BOCA RATON FL 33431

Country
Country

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0773682
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SIMONS, MICHAEL D
1672 W. HILLSBORO #263
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent
Name
MICHAEL D. SIMONS
Street Address (P.O. Box Number, if Applicable)
2234 N. FEDERAL HWY 483
City
BOCA RATON FL 33431

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 Michael D. Simons
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 10/19/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P SIMONS, MICHAEL 1672 W HILLSBORO #263 DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300003457913--3 -11/09/00--01009--011 ****750.00
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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 an other like empowered.

SIGNATURE: Michael D. Simons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 10/19/00
Daytime Phone #

CR2E034 (5/00)