

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029196

1. Entity Name  
SITECONTROL MANAGEMENT, INC.

Principal Place of Business  
2937 KERRY FOREST PKWY.. SUITE A-1  
TALLAHASSEE FL 32308

Mailing Address  
2937 KERRY FOREST PKWY.. SUITE A-1  
TALLAHASSEE FL 32308

2. Principal Place of Business  
2808 Remington Green Cir. N  
Suite, Apt. #, etc.  
100-C  
City & State  
Tallahassee, FL  
Zip  
32308  
Country  
USA

3. Mailing Address  
2808 Remington Green Cir. N  
Suite, Apt. #, etc.  
100-C  
City & State  
Tallahassee, FL  
Zip  
32308  
Country  
USA

**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**

09-13-2001 90013 024 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3508857  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

SHEFFIELD, FRANK E P.A.  
906 THOMASVILLE RD  
TALLAHASSEE FL 32303

## 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 12, 2001 Fee 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

|                |                                    |                                 |
|----------------|------------------------------------|---------------------------------|
| TITLE          | P                                  | <input type="checkbox"/> Delete |
| NAME           | NOLES, RICHARD S                   |                                 |
| STREET ADDRESS | 2937 KERRY FOREST PKWY., SUITE A-1 |                                 |
| CITY-ST-ZIP    | TALLAHASSEE FL 32308               |                                 |
| TITLE          | V                                  | <input type="checkbox"/> Delete |
| NAME           | HARVELL, BRADLEY S                 |                                 |
| STREET ADDRESS | 2937 KERRY FOREST PKWY., SUITE A-1 |                                 |
| CITY-ST-ZIP    | TALLAHASSEE FL 32308               |                                 |
| 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    |                                    |                                 |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |   |
|----------------|---|
| 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    |   |
| 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # 850/894-8295

0006415 AV

CR2E034 (5/01)