

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000029196

1. Entity Name  
SITECONTROL MANAGEMENT, INC.



**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90104 007 \*\*\*150.00



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business  
2808 REMINGTON GREEN CIR N  
100-C  
TALLAHASSEE FL 32308  
US

Mailing Address  
2808 REMINGTON GREEN CIR N  
100-C  
TALLAHASSEE FL 32308  
US

2. Principal Place of Business

2808 Remington Green Cir N  
Suite, Apt. #, etc.  
200

3. Mailing Address

2808 Remington Green Cir N  
Suite, Apt. #, etc.  
200

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32308

Country

USA

Zip

32308

Country

USA

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME NOLES, RICHARD S ☐ Delete  
STREET ADDRESS 2808 REMINGTON GREEN CIRCLE N 200  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  
NAME HARVELL, BRADLEY S ☐ Delete  
STREET ADDRESS 2808 REMINGTON GREEN CIRCLE N 200  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/03

(850) 561-1033

Date

Daytime Phone #

CR2E034 (10/02)