

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057845

1. Entity Name

CONTROLLER SERVICES, INC.

Principal Place of Business

5250 DUNDEE RD.
WINTER HAVEN FL 33884

Mailing Address

P O BOX 71
WINTER HAVEN FL 33882-0071

2. Principal Place of Business

144 Longfellow Rd SE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Winter Haven FL

City & State

Zip

Country

33884

USA

Zip

Country

4. FEI Number

59-3525546

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

DETJEN, SCARLET D
144 LONGFELLOW ROAD, S.E.
WINTER HAVEN FL 33880

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	D DETJEN, SCARLET D 144 LONGFELLOW ROAD, S.E. WINTER HAVEN FL 33880	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SCARLET DETJEN
Signature and Typed or Printed Name of Signing Officer or Director

3/30/00
Date

863-324-7308
Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90079 048 ***150.00