

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057845

1. Entity Name

CONTROLLER SERVICES, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90053 038 ***150.00

Principal Place of Business

144 LONG FELLOW RD SE
WINTER HAVEN FL 33884
US

Mailing Address

P O BOX 71
WINTER HAVEN FL 33882

2. Principal Place of Business

5665 Cypress Gdns Blvd

3. Mailing Address

PO Box 71

Suite, Apt. #, etc.

Suite 5016

Suite, Apt. #, etc.

City & State

Winter Haven FL

City & State

Winter Haven FL

Zip

33884

Country

USA

Zip

33882

Country

USA

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

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

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

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, 2001 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DETJEN, SCARLET D
144 LONGFELLOW ROAD, S.E.
WINTER HAVEN FL 33880 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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

3/29/01
Date

863-324-7300
Daytime Phone #

0632952

CR2E034 (10/00)

C0045364



DO NOT WRITE IN THIS SPACE