2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107281

1. Entity Name

BREDAL CONTROLS, INC.

Principal Place of Business

SHANGRILA DR.

SEARWATER FL 33763

Mailing Address

2021 SHANGRILA DR. CLEARWATER FL 33763-4252

2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3548930 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BREDAL, WILLIAM** Street Address (P.O. Box Number is Not Acceptable) 2021 SHANGRILA DR. CLEARWATER FL 33763 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE PRESIDENT TITLE ☐ Delete NAME DAVID BREDAL NAME STREET ADDRESS STREET ADDRESS 10 Ocean BWD #7H CITY-ST-ZIP ATLANTICHIGHLANDS NJ 07716 CITY-ST-ZIP ☐ Delete TITLE VICE PRESIDENT/SECRETARY Change TITLE NAME SHARON BREDAL NAME 10 ocean BIVD #714 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTIC HIGHLANDS NO OPPIL CITY-ST-ZIP ☐ Addition Change : ☐ Defete TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME

TITLE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIF

CITY - ST - ZIE

TITLE

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

<u> 4 18 00</u>

732-709-003

☐ Change

☐ Change

☐ Addition

Addition

FILED

May 03, 2000 8:00 am Secretary of State

05-03-2000 90058 003 ***150.00

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Daytime Phone #

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