

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90061 031 ***150.00

DOCUMENT # P99000046593

1. Entity Name

AUTOMATED CONTROL'S TECHNOLOGY, INC.

Principal Place of Business

**4121 MORELAND DR.
 VALRICO FL 33594**

Mailing Address

**4121 MORELAND DR.
 VALRICO FL 33594**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4202 THISTLE TER. PL
 Suite, Apt. #, etc.

3. Mailing Address

4202 THISTLE TER. PL.
 Suite, Apt. #, etc.

City & State

VALRICO, FL

City & State

VALRICO, FL

4. FEI Number

59-3576174

Applied For

Not Applicable

Zip

33594

Country

HILLSBOROUGH

Zip

33594

Country

HILLSBOROUGH

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ALVARNAZ, DUANE
 4121 MORELAND DR.
 VALRICO FL 33594**

7. Name and Address of New Registered Agent

Name

DUANE P. ALVARNAZ

Street Address (P.O. Box Number is Not Acceptable)

4202 THISTLE TERRACE PLACE

City

VALRICO

FL

Zip Code

33594

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, 2002 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	PD TUCKER, ELENA 1715 GRAND HARMONY PLACE CARY NC 27513	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALVARNAZ, DUANE 4121 MORELAND DR. VALRICO FL 33594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TUCKER, JERRY 1715 GRAND HARMONY PLACE CARY NC 27513	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALVARNAZ, SHARON 4121 MORELAND DR. VALRICO FL 33594	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALVARNAZ, DUANE 4202 THISTLE TERRACE PLACE VALRICO, FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TUCKER, JERRY 121 PINE ISLAND DR. WINTER HAVEN, FL 33881	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALVARNAZ, SHARON 4202 THISTLE TERRACE PLACE VALRICO, FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 (813)657-9827
 Date Daytime Phone #

CR2E034 (9/01)