

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059839

1. Entity Name
ACCURATE CONTROL COMPANY, INC.

Principal Place of Business
1804 OLIVE ST.
LAKELAND FL 33815

Mailing Address
1804 OLIVE ST.
LAKELAND FL 33815

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 74-2922869

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

V
1221 BRICKELL AVENUE, SUITE 900
MIAMI FL 33131

Name
Kendall Brock

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

1604 W. Olive St.

City
Lakeland

FL

Zip Code
33815

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 *Kendall Brock* Kendall Brock

DATE

9/10/01

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 D HARO, MANUEL M ☐ Delete
STREET ADDRESS 4911 FULTON ST.
CITY-ST-ZIP HOUSTON TX 77049

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

TITLE
NAME D JOMAA, ABDUL R ☐ Delete
STREET ADDRESS 4911 FULTON ST.
CITY-ST-ZIP HOUSTON TX 77049

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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:

MANUEL M. HARO MANUEL M. HARO

09/06/01

(713) 699-3799

Date

Daytime Phone #

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90009 047 ***550.00



DO NOT WRITE IN THIS SPACE

0122578 AT

CR2E034 (5/01)