2000 UNIFORM BUSINESS REPORT (UBR)

7/7/2

FILED
Sep 07, 2000 8:00 am
Secretary of State
07-20-2000 90017 038 ***150.00

DOCUMENT # P99000061864

1. Entity Name
TURNKEY CONTROL SYSTEMS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1207 DELAND FL 32721-1207	P.O. BOX 1207 DELAND FL 32721-1207

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3588570 ☐ 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
NEGER, WILLIAM C III 109 E. VILLA CAPRI CIRCLE, BLDG. A DELAND FL 32724	Name Neger, William III Street Address (P.O. Box Number is Not Acceptable) 810 Yorkshire Drive City DeLand FL Zip Code 32724

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 William C Neger III
(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 President NAME William C Neger III STREET ADDRESS 810 Yorkshire Drive CITY-ST-ZIP DeLand, FL 32724	☐ Delete	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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: William Neger III 7-11-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Doc#P99000061864

309648

[redacted]

ALLEN & MURRAY FINANCIAL SERVICES, INC.

Certified Financial Planners & Tax Accountants

Department of State
Division of Corporations
P.O.Box 6327
Tallahassee FL 32314

2000 Uniform Business Report
Turnkey Control Systems, Inc.

Gentlemen;

Pursuant to our telephone conversation, please find the completed UBR and check for $150. The Corporation did not receive the form until well after May 1 due to the company moving it's office at this time and my being out of the country for the past 6 weeks. In addition this is the Corporation's first UBR.

Thank you again for waiving the penalty.

Sincerely,

Astrid Andersen M.S.,CPA

Attachment
P99000061864

P.O. Box 163 DELAND, FL. 32721
(904) 738-7353 * (800) 738-7353 * FAX (904) 738-7049