

2001 UNIFORM BUSINESS REPORT (UBR)

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

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 William C. Nege 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. Nege III

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

6-12-2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

P
NEGER, WILLIAM
810 YORKSHIRE DR
DELAND FL 32724

TITLE
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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 all other officers, with all other like empowered.

SIGNATURE:

William C. Nege III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William C. Nege III

6-12-2001 386-7345079

Date

Daytime Phone

FILED
Aug 08, 2001 8:00 am
Secretary of State

06-20-2001 90008 010 ***150.00

08-08-2001 90141 031 ***400.00



DO NOT WRITE IN THIS SPACE

CR2034 (10/00)