

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91554 019 ***150.00

DOCUMENT # P99000071694 ST: FL ACTIVE/FL PROFIT

1. Entity Name

CONTROL MANUFACTURING ASSEMBLY, INC

Principal Place of Business

Mailing Address

380 NORTH WICKHAM ROAD
 STE. D
 MELBOURNE, FL 32935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3593282

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

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

REINMAN MATHESON KOSTRO VAUGHAN & DURHAM, P.A.
 1825 RIVERVIEW DRIVE
 MELBOURNE, FLORIDA 32901

Name

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

City

FL

Zip Code

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 retesting)

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	P	☐ Delete
NAME	MCLEAN, THOMAS	
STREET ADDRESS	2705 PARK PL BLVD #4	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	VP	☐ Delete
NAME	MCLEAN, PEARL B.	
STREET ADDRESS	2705 PARK PL BLVD #4	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	VP	☐ Delete
NAME	DERBY, ELIZABETH A.	
STREET ADDRESS	1883 MCKINLEY AVE	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE	ST	☐ Delete
NAME	DERBY JR., JEROME E.	
STREET ADDRESS	1883 MCKINLEY AVE	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE		☒ Delete
NAME	COOPER, LINDA	
STREET ADDRESS	320 BAY POINT DR	
CITY-ST-ZIP	MELBOURNE, FL 32935	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

THOMAS MCLEAN THOMAS MCLEAN

Date

Daytime Phone #

CR2E034 (11/00)