

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S43842

1. Entity Name
HOTEL CONTROL SYSTEMS, INC.

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90042 032 ***150.00

Principal Place of Business

4200 CRYSTAL LAKE DR
APT 114
POMPANO BEACH FL 33064
US

Mailing Address

4200 CRYSTAL LK DR
#114
POMPANO BEACH FL 33064
US

2. Principal Place of Business

42372 NW 97TH LN

Suite, Apt. #, etc.

3. Mailing Address

2372 NW 97TH LN

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CORAL SPGS FL

City & State

CORAL SPGS FL

4. FEI Number

65-0267378

Applied For

Not Applicable

Zip

33065

Country

USA

Zip

33065

Country

USA

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

VOLLMAR, RONALD J.
4200 CRYSTAL LK DR
#114
POMPANO BEACH FL 33064

Name

RONALD J VOLLMAR

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

2372 NW 97TH LN

City

CORAL SPGS

FL

Zip Code

33065

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, 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 VOLLMAR, RONALD J.
STREET ADDRESS 4200 CRYSTAL LK DR #114
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE P ☒ Change ☐ Addition
NAME VOLLMAR, RONALD J.
STREET ADDRESS 2372 NW 97TH LN
CITY-ST-ZIP CORAL SPGS FL 33065

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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:

Ronald Vollmar RONALD VOLLMAR

4/2/01 954 575-3050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)