

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V10491

1. Entity Name

COMPUTERIZED MOTION CONTROL SYSTEMS, INC.

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90231 017 \*\*\*150.00

Principal Place of Business

1540 A 19TH STREET NORTH  
ST. PETERSBURG FL 33713  
US

Mailing Address

P. O. BOX 20003  
ST. PETERSBURG FL 33742  
US

2. Principal Place of Business

4491-62ND AVE, No  
Suite, Apt. # etc.  
230

3. Mailing Address

P.O. Box 21745  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PINELLAS PARK

City & State

ST. PETERSBURG, FL

4. FEI Number

59-3103202

Applied For

Not Applicable

Zip

33781

Country

USA

Zip

33742

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LYONS, JAMES M

~~6412 9TH STREET NORTH~~  
ST PETERSBURG FL 33702

P.O. Box 21745  
ST. PETERSBURG, FL  
33742

7. Name and Address of New Registered Agent

Name

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

4491 62ND AVE, #230

City

Pinellas Park

Zip Code

33781

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 if applicable.

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

DATE

3/14/01

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 \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Wake Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
LYONS, JAMES M.  
~~6412 9TH STREET NORTH~~  
ST. PETERSBURG FL 33702

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
4491-62ND AVE, No. #230  
PINELLAS PARK, FL, 33781

☒ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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☐ Change ☐ Addition

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 an officer like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/01

CR2E034 (10/00)