

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V51397

1. Entity Name

MARCUM PROGRAMMABLE CONTROLS, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90018 049 ***150.00

Principal Place of Business

Mailing Address

625 E BAY ST
PO BOX 770524
WINTER GARDEN FL 34777-0524
US

11424 CYPRESS DR.
CLERMONT FL 34711-8997

2. Principal Place of Business

3. Mailing Address

PO BOX 770524

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WINTER GARDEN FL 34777

4. FEI Number

59-3139865

Applied For

Not Applicable

Zip

Country

Zip

Country

34777-0524

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

MARCUM, GARY VAN
11424 CYPRESS DR. 12744 LAKE RIDGE CIRCLE
CLERMONT FL 34711

Name

GARY V. MARCUM

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

12744 LAKE RIDGE CIRCLE

City

CLERMONT

FL

Zip Code

34711

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, 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	P	<input type="checkbox"/> Delete
NAME	MARCUM, GARY VAN	
STREET ADDRESS	12744 LAKE RIDGE CIRCLE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

GARY V. MARCUM GARY V. MARCUM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00

Date

407 654 6119

Daytime Phone #

CR2E034 (9/99)