

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F60178

1. Entity Name

PRECISION ENTERPRISES TAMPA, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90409 037 ***150.00

Principal Place of Business

4636 NORTH DALE MABRY HIGHWAY
TAMPA FL 33614
US

Mailing Address

4636 NORTH DALE MABRY HIGHWAY
TAMPA FL 33614
US

00044114



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2148481

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

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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 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 WOOLEY, JEFFREY I
STREET ADDRESS 4636 N DALE MABRY HWY
CITY-ST-ZIP TAMPA FL 33614

TITLE PD ☒ Change ☐ Addition
NAME WOOLEY, JEFFREY I
STREET ADDRESS 4636 N DALE MABRY HWY
CITY-ST-ZIP TAMPA FL 33614

TITLE VP ☐ Delete
NAME GIBSON, THOMAS R
STREET ADDRESS 1050 WESTLAKES DR STE 300
CITY-ST-ZIP BERWYN PA 19312-2421

TITLE VD ☒ Change ☐ Addition
NAME GIBSON, THOMAS R
STREET ADDRESS 200 BERWYN PARK, SUITE 111
CITY-ST-ZIP BERWYN, PA 19312-1178

TITLE AS ☒ Delete
NAME DECKER, THOMAS A
STREET ADDRESS 1050 WESTLAKES DR STE 300
CITY-ST-ZIP BERWYN PA 19312-2421

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

TITLE ST ☐ Delete
NAME TEW, DOUGLAS M
STREET ADDRESS 3800 W HILLSBOROUGH AVE
CITY-ST-ZIP TAMPA FL 33614

TITLE STD ☒ Change ☐ Addition
NAME TEW, DOUGLAS M
STREET ADDRESS 4636 N DALE MABRY HWY
CITY-ST-ZIP TAMPA, FL 33614

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DC ☐ Change ☒ Addition
NAME KENDRICK, BRIAN
STREET ADDRESS 3 LANDMARK SQUARE SUITE 500
CITY-ST-ZIP STAMFORD, CT 06901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Change ☒ Addition
NAME LEVY, ARTHUR
STREET ADDRESS 3 LANDMARK SQUARE SUITE 500
CITY-ST-ZIP STAMFORD, CT 06901

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey I. Wooley 04/13/01 (813) 870-0010

Date

Daytime Phone #

CR2E034 (10/00)