1. Entity Name					Mar 27, 2000 8:00 am			
PRECISION INFINITI, INC.					Secretary of State			
TILOIOI				Į	03-27-2000 9010			
Principal Plac	e of Business	Mailing Address		$\overline{}$				
4612 N DALE N	IARRY	4612 N DALE MABRY	•					
TAMPA FL 3361	*	TAMPA FL 33614-7022)	1 111111	71 5 2 36		
US		US		1	ենն4:	0.000		
·		, <u> </u>				(8); 1)1 ;; 1 (8); 1 (8); 1 (1); 1 (7)		
2. Principal F	Place of Business	3. Mailing Address		ļ	<u> </u>	<u>iek aldır elek alak al</u> ak	KI BARK (BR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE		
					201101111112111	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
City & State		City & State		4.	FEI Number 59-2958651		pplied For	
Zip Country		Zip Country					ot Applicable	
Ζip	- Codinary		Journ'y	5.	Certificate of Status Desired	3 \$8.75 Add Fee Require		
	6. Name and Address of Current R	egistered Agent		7.	Name and Address of New Regist	ered Agent		
			Name	CT Corp	oration System			
SCOTSON, RONALD B				Street Address (P.O. Box Number is Not Acceptable)				
15436 N FLORIDA AVE				1200 So	outh Pine Island Roa	.d		
STE 103 TAMPA FL 33613								
Milit A LE 00010			City	Plantation FL Zip Code 333324				
8. The above	named entity submits this statement for	the purpose of changing its reg	istered office o	r registered a	agent, or both, in the State of Florida.			
	(Annales of	B		BARA	IRA A. RITREP			
SIGNATURE .	Dariara Ca	SWRI				.21.00		
	Signature, typed or printed name of registered agent an	d title if applicable (NOTE: Reg	gistered Agent signal	ture required when	reinstating)	DAIE		
9. This corporation is eligible to satisfy its Intangible FILE NOW!!!			•		10. Election Campaign Financin	19 \$5.0	00 May Be	
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2000 Make Check Payable					Trust Fund Contribution.		d to Fees	
11.	OFFICERS AND D		12.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11	
TITLE	DCP	XXOelete	TITLE	P		☐ Change	X Addition	
NAME	MORSANI, FRANK L.		NAME		, Jeffrey I.			
STREET ADDRESS	15436 N FLORIDA AVE STE 103		STREET ADDRESS		 Dale Mabry Highway FL 33614 	У.		
CITY-ST-ZIP	TAMPA FL 33613		CITY-ST-ZIP	<u>-</u>			□ A dibbo	
title Name	D Morsani, Carol D.	XX Delete	TITLE NAME	VP	eri 5	☐ Change	☆ Addition	
STREET ADDRESS	15436 N FLORIDA AVE STE 103	Į.	STREET ADDRESS		, Thomas R.	t = 200		
CITY-ST-ZIP	TAMPA FL 33613		CITY-ST-ZIP	,	estlakes Drive, Sui PA 19312-2421	re 300		
TITLE	ST	XX Delete	TITLE	Δς	•	☐ Change	X Addition	
NAME	SCOTSON, RONALD B	1	NAME	Decker	, Thomas A.		Ì	
STREET ADDRESS CITY-ST-ZIP	15436 N FLORIDA AVE STE 103 TAMPA FL 33613	•	STREET ADDRESS CITY-ST-ZIP		estlakes Drive, Sui	te 300		
TITLE	V	XX Delete	TITLE	ST	, PA 19312-2421	Change	X Addition	
NAME	FOGICLGARN, DAVID	Yra' Ociete	NAME	_	ouglas M.	Change	ا ۲۰۵۵۱۱۵۱۱ تـــــــــــــــــــــــــــــــ	
STREET ADDRESS	4612 N. DALE MABRY HWY.		STREET ADDRESS		. Hillsborough Aven	ue		
CITY-ST-ZIP	TAMPA FL 33614		CITY-ST-ZIP		FL 33614	·		
TITLE	AS UICREE ALAAL	XX Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	HIGBEE, ALAN 501 E KENNEDY #1700		NAME STREET ADDRESS	-			l	
CITY-ST-ZIP	TAMPA FL	Į	CITY-ST-ZiP	ļ			l	
TITLE		☐ Delete	TITLE	†		☐ Change	Addition	
NAME		1	NAME	1				
STREET ADDRESS		j	STREET ADDRESS	1			}	
CITY-ST-ZIP	and if the adding information and the control of th	his filling along the street for the	CITY-ST-ZIP	tod in Coatie	a 410.07/2)(i). Elecide Ctatutas 16 mili	oor cortify that the	oformation	
is. Hereby o	certify that the information supplied with t	riis illing does not quality for the	exembtion sta	rea in section	T TIP.O/(2)(I), FIORICA STATUTES. HUITI	rer certify that tile I	ormation	

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

2000 UNIFORM BUSINESS REPORT (UBR)

03/14/00

(813) 872-7786

Date

Daytime Phone #