

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90045 018 ***150.00

0229872 AV

DOCUMENT # P93000033041

1. Entity Name
PRECISION DELIVERY SYSTEMS, INC.

Principal Place of Business Mailing Address
3455 NW 54TH STREET **3455 NW 54TH STREET**
MIAMI FL 33142 **MIAMI FL 33142**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0405938** Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

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

KELLEY, LILA
3455 NW 54 STREET
MIAMI FL 33142

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 _____ (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. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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	D	<input type="checkbox"/> Delete
NAME	BLANK, ANDY	
STREET ADDRESS	3455 N.W. 54TH ST.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	P	<input type="checkbox"/> Delete
NAME	CAMPOS, R	
STREET ADDRESS	6708 HARNEY RD	
CITY-ST-ZIP	TAMPA FL 33610	
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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 another like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *2/2/02*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)