2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
03-29-2001 90369 045 ***150.00

0306038

DOCUMENT # P96000049822

1. Entity Name
PRECISION U.S.A., INC.

Principal Place of Business	Mailing Address
~~641 E WOOLBRIGHT D-108~~	~~641 E WOOLBRIGHT D-108~~
~~BOYNTON BCH FL 33435~~	~~BOYNTON BCH FL 33435~~
~~US~~	~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1070 DELRAY LAKES BLVD		1070 DELRAY LAKES BLVD	
Suite, Apt. #, etc.: DELRAY BEACH		Suite, Apt. #, etc.	
City & State: FLORIDA		City & State: DELRAY BEACH, FL	
Zip: 33444	Country: PALM BEACH	Zip: 33444	Country: PALM BEACH

4. FEI Number 65-0672155 ☐ Applied For ☐ Not Applicable

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
LARRY J. BEHAR, P.A. 888 S.E. THIRD AVENUE SUITE 400 FORT LAUDERDALE FL 33316	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROUSSEAU, JACQUES ~~641 E WOOLBRIGHT RD D108~~ ~~BOYNTON BCH FL 33435~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACQUES ROUSSEAU 1070 DELRAY LAKES BLVD DELRAY BEACH, FL 33444 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	* EFFECTIVE 5/1/01 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: ______________________ 3-26-01 742-5756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #