

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State
 02-19-2001 90038 027 ***150.00

0687138

DOCUMENT # P96000074502
 1. Entity Name
PRECISION REAL PROPERTY, INC.

Principal Place of Business Mailing Address
2950 TECHNOLOGY DRIVE **2950 TECHNOLOGY DRIVE**
ROCHESTER HILLS MI 48309 **ROCHESTER HILLS MI 48309**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number **59-3402825** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

717974



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SO PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name **DARREN A. LETANG**
 Street Address (P.O. Box Number is Not Acceptable)
4913 W. LAUREL STREET
 City **TAMPA** FL Zip Code **33607**

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]* **Darren A. Letang** DATE **2/13/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ANDERSON, ROBERT R	1201 TROWBRIDGE	BLOOMFIELD HILLS MI 48304	<input type="checkbox"/>
D	ANDERSON, CHRISTINE M	1201 TROWBRIDGE	BLOOMFIELD HILLS MI 48304	<input type="checkbox"/>
D	LETANG, DARREN	3701 CARROLLWOOD PLACE CIRCLE 3	TAMPA FL 33624	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		4913 W. LAUREL ST.	TAMPA, FL 33607	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **Darren A. Letang** Date **2/13/01** Daytime Phone # **813-286-4767**
Signature and typed or printed name of signing officer or director

CR2E034 (10/00)