

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90196 029 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088019

1. Entity Name
SOUTHERN PRECISION CALIBRATION, INC.

Principal Place of Business
**16325 LAKE BRK ARCON AVE
 TAMPA FL 33618-1145
 US**

Mailing Address
**PO BOX 340452
 TAMPA FL 33694-0452
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
16525 LAKE BRIGADOON CIR.

3. Mailing Address
16525 LAKE BRIGADOON CIR.

4. FEI Number **59-3406695** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
**STAFFORD, STEWARD L
 14812 NORTH FLORIDA AVENUE
 TAMPA FL 33613**

7. Name and Address of New Registered Agent
 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 reissuing) 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 NAME STREET ADDRESS CITY-ST-ZIP	DP BAAB, CARL T 343 E. DOUGLAS ROAD #3 OLDSMAR FL 34877 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the employees.

SIGNATURE: **Carl T Baab** *April 29 2002 813 5983529*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (9/01)

Attachment
B0108472



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 4, 2002

SOUTHERN PRECISION CALIBRATION, INC.
PO BOX 340462
TAMPA, FL 33694-0462 US

Subject: SOUTHERN PRECISION CALIBRATION, INC.

Reference Number: P96000088019

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/gs
ANNUAL REPORTS SECTION

Letter Mailed

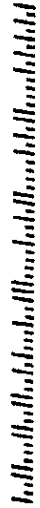
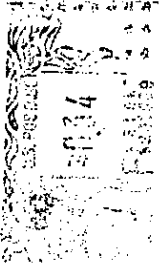
June 13, please
accept After Date of this Letter
I was out of town, on 3 week Business trip
and did not pick-up my mail until July 5 2002
Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314
Thanks

Carl T. BARR

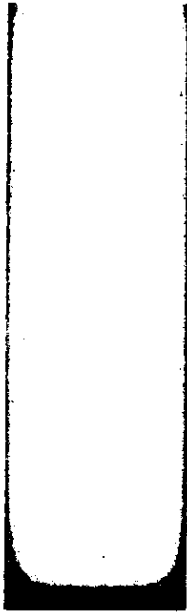
Attachment
B0128472

Attachments

#P96000088019



33694+0462 04



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS
Corporate Records
P.O. Box 6377
Tallahassee, Florida 32314