

2002  
**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 05, 2002 8:00 am**  
**Secretary of State**

06-05-2002 90411 002 \*\*\*550.00

DOCUMENT # **216154** NOTE 2002 form mispla  
 1. Entity Name / Was advised to use this form and  
**PRECISION AIR INC** resign it. (no changes).

Principal Place of Business Mailing Address  
**1880 NW 97TH AVE** **1880 NW 97TH AVE**  
**MIAMI FL 33172** **MIAMI FL 33172**

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



DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number **59-0909052** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**FITZGERALD, GARY M**  
**551 MORNINGSIDE DRIVE**  
**MIAMI SPRINGS FL 33166**

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 the signed agent and city, state, and zip code. (NOTE: Registered Agent signature required when re-registering.)

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FITZGERALD, GARY M.</b>	
STREET ADDRESS	<b>551 MORNINGSIDE DRIVE</b>	
CITY - ST - ZIP	<b>MIAMI SPRINGS FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>TARPLAY, ANNE W</b>	
STREET ADDRESS	<b>3971 NW 65 AVE</b>	
CITY - ST - ZIP	<b>MIAMI SPRINGS FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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, trustee, assignee, or executor of this report as required by Chapter 567, 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: Anne W. Tarplay, Treasurer 2/14/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #