

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 267621

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: SUNCOAST PRECISION TOOLS, INC.

**Current Principal Place of Business:**

7421 114TH AVE. N.  
SUITE 205  
LARGO, FL 33773

**New Principal Place of Business:**

**Current Mailing Address:**

7421 114TH AVE. N.  
SUITE 205  
LARGO, FL 33773

**New Mailing Address:**

FEI Number: 59-2126367      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHEEN, MILTON R IV  
9409 MONICA DR  
SEMINOLE, FL 33777      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CPD      ( ) Delete  
Name: SHEEN, MILTON R IV  
Address: 9409 MONICA DR  
City-St-Zip: SEMINOLE, FL 33777

Title: STD      ( ) Delete  
Name: SHEEN, JILL  
Address: 9409 MONICA DR  
City-St-Zip: SEMINOLE, FL 33777

Title: VP      ( ) Delete  
Name: KUCERA, VINCE  
Address: 13787 94TH AVE NO  
City-St-Zip: SEMINOLE, FL 33776

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILTON R SHEEN IV

CPD

04/30/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date