

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90314 033 ***150.00

DOCUMENT # 282185

1. Entity Name
PRECISION CRANKSHAFT SERVICE INCORPORATED



Principal Place of Business
**466 LIME STREET
JACKSONVILLE FL 32204**

Mailing Address
**466 LIME STREET
JACKSONVILLE FL 32204**

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 **59-1053168**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CROOK, BARI L.
11067 RIVER CREEK DR W
JACKSONVILLE FL 32217**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	CROOK, PERCY L	
STREET ADDRESS	10961 CHALLEUX DR. SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	☐ Delete
NAME	CROOK, BARI L	
STREET ADDRESS	11067 RIVER CREEK DR W	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	VD	☐ Delete
NAME	CROOK, CHRISTOPHER A	
STREET ADDRESS	7056 GREENFERN LN	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S/T/D	☐ Change ☒ Addition
NAME	CROOK, ROBENA H.	Omission on your
STREET ADDRESS	10961 CHALLEUX DR. SOUTH	form
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robena H. Crook
Robena H. Crook

1-24-03

Date

(904) 354-1359

Daytime Phone #

CR2E034 (10/02)