2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 309876 1. Entity Name

M.O. PRECISION MOLDERS, INC.

FILED Feb 05, 2000 8:00 am Secretary of State

S. Certificate of Status Desired Fee 6. Name and Address of Current Registered Agent Name BAILEY, BARBARA 13750 49TH ST N CLEARWATER FL 34622 Street Address (P.O. Box Number is Not Acceptable) City	PACE Ap No 8.75 Ado	oplied For at America ditional d
CLEARWATER FL 33762 CLEARWATER FL 33762-3735 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Country Country 5. Certificate of Status Desired Fee 6. Name and Address of Current Registered Agent 13750 49TH ST N CLEARWATER FL 33762-3735 CLEARWATER FL 33762-3735 DO NOT WRITE IN THIS SPA 4. FEI Number 59-1154734 Street Address of Status Desired Rame Street Address (P.O. Box Number is Not Acceptable) FL City FL	Ap No 8.75 Add ee Required lent	oplied For at America ditional d
Suite, Apt. #, etc. City & State City & State City & State Country Country Country Country Country Country Country 5. Certificate of Status Desired Registered Age Name BAILEY, BARBARA 13750 49TH ST N CLEARWATER FL 34622 City DO NOT WRITE IN THIS SPA 4. FEI Number 59-1154734 Country 5. Certificate of Status Desired \$8 Fee Name Street Address (P.O. Box Number is Not Acceptable)	ACE Ap No 8.75 Add Per Requirement	oplied For at America ditional d
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6. Name and Address of Current Registered Agent BAILEY, BARBARA 13750 49TH ST N CLEARWATER FL 34622 7. Name and Address of New Registered Age Name Street Address (P.O. Box Number is Not Acceptable) City		
BAILEY, BARBARA 13750 49TH ST N CLEARWATER FL 34622 City Street Address (P.O. Box Number is Not Acceptable) FL	Zip Code	
13750 49TH ST N CLEARWATER FL 34622 City	Zip Code	
CLEARWATER FL 34622 City FL	Zip Cod	
<u> </u>	Zip Cod	
9. The above period active submits this statement for the pursage of abovelors its recipied and office or recipied and active department in the Chair of Florida		5
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.		
CIONATURE		
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE		
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, 2000 Fee will be \$550.00 Make Check Payable to Department of State		O May Be I to Fees
11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	DIRECTORS	_ 3 IN 11
	Change	
NAME BAILEY, BARBARA NAME		
STREET ADDRESS 151 S.E. LINCOLN CIR NO STREET ADDRESS		
CITY-ST-ZIP ST PETERSBERG FL 33703 CITY-ST-ZIP		
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NAME BAILEY, LARRY T NAME		
STREET ADDRESS 151 SE LINCOLN CIR NO		
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13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify 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 path; that I am a	y that the ir	nformation

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.

GNATURE:

//30/00 (727) 573 -4466

SIGNATURE: _X