

# 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

02-05-2000 90011 015 \*\*\*150.00

Principal Place of Business

Mailing Address

13750 - 49TH ST N  
CLEARWATER FL 3762

13750 - 49TH ST N  
CLEARWATER FL 33762-3735

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1154734

Applied For

Not Applied

Zip 33762

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAILEY, BARBARA  
13750 49TH ST N  
CLEARWATER FL 34622

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 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**

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 P  
NAME BAILEY, BARBARA  
STREET ADDRESS 151 S.E. LINCOLN CIR NO  
CITY-ST-ZIP ST PETERSBURG FL 33703 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Additio

TITLE S  
NAME BAILEY, LARRY T  
STREET ADDRESS 151 SE LINCOLN CIR NO  
CITY-ST-ZIP ST PETERSBURG FL 33703 ☐ Delete

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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 like empowered.

SIGNATURE:

Barbara J. Bailey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/00

Date

(727) 573-4466  
Daytime Phone #