**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 26, 2001 8:00 am **DOCUMENT # 460149** Secretary of State EZELL PRECISION TOOL CO. 03-26-2001 90077 027 \*\*\*150.00 Principal Place of Business Mailing Address 4733-122ND AVENUE NO. 4733-122ND AVENUE NO. CLEARWATER FL 33762 CLEARWATER FL 33762 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1554014 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EZELL.SHELBY F Street Address (P.O. Box Number is Not Acceptable) 4733-122ND AVE N CLEARWATER FL 33762 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Defete TITLE Change ☐ Addition NAME EZELL, SHELBY F. NAME STREET ADDRESS STREET ADDRESS 4733-122ND AVE NO. CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Addition TITLE ☐ Delete TITLE ☐ Change EZELL, VIVIAN E. NAME NAME STREET ADDRESS 4733-122ND AVE NO. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL Delete TITLE ☐ Change ■ Addition TITLE NĂME NĀME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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. VIVIAN E. EZELL

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR