

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 502634

1. Entity Name

GLOBAL PRECISION, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90017 031 ***158.75

Principal Place of Business

Mailing Address

15751 SW 41 ST STE 300
DAVIE FL 33331

15751 SW 41 ST STE 300
DAVIE FL 33331-1520

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 59-1675657

Applied For

Not Applicable

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

CORPORATION INFORMATION SERVICES, INC.
1201 HAY STREET
TALLAHASSEE FL 32301

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 CPD ☐ Delete

NAME RUSKOSKI, ERIC
STREET ADDRESS 711 FOX STREET
CITY-ST-ZIP MUKWONAGO WI

TITLE TD ☐ Delete

NAME HAGGE, STEPHEN
STREET ADDRESS 475 W. TERRACOTTA, SUITE E
CITY-ST-ZIP CRYSTAL LAKE IL

TITLE SD ☒ Delete

NAME HOSCHEIT, JACK
STREET ADDRESS 711 FOX STREET
CITY-ST-ZIP MUKWONAGO WI

TITLE SD ☐ Delete

NAME POLTERMANN, RALPH
STREET ADDRESS 475 W. TERRA COTTA AVE, STE E
CITY-ST-ZIP CRYSTAL LAKE IL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME JAMES E. MEYER
STREET ADDRESS 711 FOX STREET
CITY-ST-ZIP MUKWONAGO WI 53149

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)