

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F60178

1. Entity Name

PRECISION ENTERPRISES TAMPA, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90102 024 ***150.00

00040001



DO NOT WRITE IN THIS SPACE

Principal Place of Business 15436 N FLORIDA AVE STE 103 TAMPA FL 33613 US	Mailing Address 15436 N FLORIDA AVE STE 103 TAMPA FL 33613-1225 US
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2. Principal Place of Business 4636 N. Dale Mabry Highway	3. Mailing Address 4636 N. Dale Mabry Highway
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Tampa, Florida	City & State Tampa, Florida
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4. FEI Number 59-2148481

Applied For

Not Applicable

Zip 33614	Country USA	Zip 33614	Country USA
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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

SCOTSON, RONALD B
15436 N FLORIDA AVE
STE 103
TAMPA FL 33613

Name CT Corporation System
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road
City Plantation
State FL
Zip Code 33324

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 *Barbara A Burke*

BABARA A. BURKE
SPECIAL ASSISTANT SECRETARY

3-21-00

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 NAME STREET ADDRESS CITY-ST-ZIP	DCP MORSANI, FRANK L 15436 N FLORIDA AVE STE 103 TAMPA FL 33613	☒ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Wooley, Jeffrey I. 4636 N. Dale Mabry Highway Tampa, FL 33614	☐ Change ☒ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCOTSON, RONALD B 15436 N FLORIDA AVE STE 103 TAMPA FL 33613	☒ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gibson, Thomas R. 1050 Westlakes Drive, Suite 300 Berwyn, PA 19312-2421	☐ Change ☒ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HIGBEE, ALAN 501 E. KENNEDY BLV #1700 TAMPA FL	☒ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Decker, Thomas A. 1050 Westlakes Drive, Suite 300 Berwyn, PA 19312-2421	☐ Change ☒ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORSANI, CAROL D 15436 N FLORIDA AVE STE 103 TAMPA FL 33613	☒ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Tew, Douglas M. 3800 W. Hillsborough Avenue Tampa, FL 33614	☐ Change ☒ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: *D. M. Tew*

D. M. Tew

3/14/00

(813) 872-7786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)