

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State
03-15-2002 90006 035 ***150.00

DOCUMENT # F60178
1. Entity Name
PRECISION ENTERPRISES TAMPA, INC.

Principal Place of Business Mailing Address
4636 NORTH DALE MABRY HIGHWAY **4636 NORTH DALE MABRY HIGHWAY**
TAMPA FL 33614 **TAMPA FL 33614**
US **US**

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 **59-2148481** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOLEY, JEFFREY I 4636 N DALE MABRY HWY TAMPA FL 33614	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIBSON, THOMAS R 200 BERWYN PARK, STE 111 BERWYN PA 19312-1178	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TEW, DOUGLAS M 4636 N DALE MABRY HIGHWAY TAMPA FL 33614	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENDRICK, BRIAN 3 LANDMARK SQUARE, SUITE 500 STAMFORD CT 06901	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: *Jeffrey I. Wooley* **Jeffrey I. Wooley** **02/27/02** **(813) 870-0010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)