

2001 UNIFORM BUSINESS REPORT (UBR)

1/11/

FILED

Feb 13, 2001 8:00 am
Secretary of State

01-11-2001 90051 045 ***150.00

DOCUMENT # F95000001963

1. Entity Name

PRECISION ENDOSCOPY OF AMERICA, INC.

Principal Place of Business

10969 MCCORMICK RD.
HUNT VALLEY MD 21031

Mailing Address

10969 MCCORMICK RD.
HUNT VALLEY MD 21031

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 52-1739142

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIVEY, DANIEL P.
3801 CORPOREX PARK DRIVE
#195
TAMPA FL 33619

7. Name and Address of New Registered Agent

Name: CT Corporation Systems
Street Address: 12003 Pine Island Rd
City: Plantation FL 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

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

2-7-01

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, 2001 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	VD	☐ Delete
NAME	THORMANN, JOHN H	
STREET ADDRESS	10969 MCCORMICK RD.	
CITY - ST - ZIP	HUNT VALLEY MD	
TITLE	PSD	☒ Delete
NAME	HONEYWELL, DANIEL M	
STREET ADDRESS	10969 MCCORMICK RD.	
CITY - ST - ZIP	HUNT VALLEY MD	
TITLE	VTD	☐ Delete
NAME	HONEYWELL, ROY E	
STREET ADDRESS	10969 MCCORMICK ROAD	
CITY - ST - ZIP	HUNT VALLEY TX	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO/Director	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	President/Director	☒ 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		

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: X

John H. Thormann John H. Thormann 1/5/01 410-527-9598

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)