

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000000880**

1. Entity Name

PRECISION DESIGNS OF ALABAMA, INC.**FILED****Mar 20, 2000 8:00 am**
Secretary of State

03-20-2000 90087 025 ***150.00

Principal Place of Business

**15480 AVIATION LOOP DR.
BROOKSVILLE FL 34609**

Mailing Address

**1515 KOWALIGA RD.
ECLECTIC AL 36024-5437****00040076**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-0985658

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**WILSON, FRANKLIN C M.D.
4411 N. FEDERAL HWY., LOT 25
POMPANO BEACH FL 33064**

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 State10. 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	WILSON, BRIAN	1515 KOWALIGA RD.	ECLECTIC AL 36024	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	WILSON, GENEVA A	1515 KOWALIGA RD.	ECLECTIC AL 36024	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
CD	ABRITTON, JOHN N III	60 COMMERCE, STE 1411	MONTGOMERY AL 36104	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 another like empowered.

SIGNATURE: *Geneva A Wilson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #