

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 31, 2000 8:00 am**  
**Secretary of State**

01-31-2000 90092 020 \*\*\*150.00

**DOCUMENT # F99000000516**

1. Entity Name

**PRECISION SAMPLING, INC.**

Principal Place of Business

Mailing Address

47 LOUISE STREET  
SAN RAFAEL CA 94901

47 LOUISE STREET  
SAN RAFAEL CA 94901-4765

2. Principal Place of Business

**1400 S. 50TH ST.**

Suite, Apt. #, etc.

3. Mailing Address

**1400 S. 50TH ST.**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**RICHMOND CA**

City & State

**RICHMOND CA**

4. FEI Number

**77-0258399**

Applied For

Not Applicable

Zip

**94804**

Country

**USA**

Zip

**94804**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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

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

TITLE **CP** ☒ Delete  
NAME **WHITAKER, LISA**  
STREET ADDRESS **47 LOUISE STREET**  
CITY-ST-ZIP **SAN RAFAEL CA 94901**

TITLE **DS** ☒ Delete  
NAME **EINARSON, MURRAY**  
STREET ADDRESS **47 LOUISE STREET**  
CITY-ST-ZIP **SAN RAFAEL CA 94901**

TITLE **TD** ☐ Delete  
NAME **CASEY, MICHAEL**  
STREET ADDRESS **47 LOUISE STREET**  
CITY-ST-ZIP **SAN RAFAEL CA 94901**

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 **CHIEF EXECUTIVE OFFICER** ☐ Change ☒ Addition  
NAME **ROBERT NONACK**  
STREET ADDRESS **1400 S. 50TH ST.**  
CITY-ST-ZIP **RICHMOND CA 94804**

TITLE **CHIEF FINANCIAL OFFICER** ☐ Change ☒ Addition  
NAME **DOUGLAS KEEST**  
STREET ADDRESS **1400 S. 50TH ST.**  
CITY-ST-ZIP **RICHMOND CA 94804**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **MICHAEL CASEY**  
STREET ADDRESS **1400 S. 50TH ST.**  
CITY-ST-ZIP **RICHMOND CA 94804**

TITLE **SECRETARY** ☐ Change ☒ Addition  
NAME **PETER KALBFLEISCH**  
STREET ADDRESS **1400 S. 50TH ST.**  
CITY-ST-ZIP **RICHMOND CA 94804**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MICHAEL CASEY, PRES. 1-24-00 510 239 4575**