

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G76887

1. Entity Name

CORLISS PRECISION TOOL, INC.

FILED  
Sep 13, 2000 8:00 am  
Secretary of State

09-13-2000 90013 036 \*\*\*558.75

00085515



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

% RICHARD CORLISS  
5739 SARAH AVE.  
SARASOTA FL 34233-3447

% RICHARD CORLISS  
5739 SARAH AVE.  
SARASOTA FL 34233-3458

2. Principal Place of Business

2025-Porter Lake Dr.  
Suite, Apt. #, etc.

3. Mailing Address

2025 Porter Lake Dr.  
Suite, Apt. #, etc.

City & State

Sarasota, Fl  
Zip

Country

34240

Sarasota

City & State

Sarasota, Fl  
Zip

Country

34240

Sarasota

4. FEI Number

59-2362584

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORLISS, RICHARD B.  
5840 VENISOTA RD.  
VENICE FL 33595

7. Name and Address of New Registered Agent

Name

Craig Lubkey

Street Address (P.O. Box Number is Not Acceptable)

2025 Porter Lake Drive - Unit D

City

Sarasota

FL

Zip Code

34240

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

Craig Lubkey, Pres.

9-11-00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CORLISS, RICHARD B. SR. 5840 VENISOTA RD. VENICE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CORLISS, JOANNE R. 5840 VENISOTA RD. VENICE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Craig Lubkey 2025 Porter Lake Drive - Unit D Sarasota, Fl 34240	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE:

Craig Lubkey, Pres. 9-11-00 941-379-5046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)