

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90102 022 \*\*\*150.00

**DOCUMENT # J41851**

1. Entity Name

**PRECISION NISSAN, INC.**

Principal Place of Business

Mailing Address

4600 NO. DALE MABRY. #200  
 TAMPA FL 33614

4600 N DALE MABRY  
 STE 200  
 TAMPA FL 33614-7022  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2734672**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCOTSON, RONALD B.**  
 15436 N FLORIDA AVE  
 STE 103  
 TAMPA FL 33613

Name

**CT Corporation System**

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

**1200 South Pine Island Road**

City

**Plantation**

FL

Zip Code

**33324**

8. The above named entity submits this statement for the purpose of changing its registered office or both, in the State of Florida.

SIGNATURE

*Barbara A Burke*

Signature, typed or printed name of registered agent and title if applicable

**BARBARA A. BURKE**  
**SPECIAL ASSISTANT SECRETARY**

(NOTE: Registered Agent signature required when reinstating)

**3.21.00**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCP	<input checked="" type="checkbox"/> Delete
NAME	MORSANI, FRANK L.	
STREET ADDRESS	15436 N FLORIDA AVE STE 103	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORSANI, CAROL D.	
STREET ADDRESS	15436 N FLORIDA AVE STE 103	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HAWLEY, PETER	
STREET ADDRESS	4600 N. DALE MABRY	
CITY-ST-ZIP	TAMPA FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SCOTSON, RONALD B	
STREET ADDRESS	15436 N FLORIDA AVE STE 103	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	HIGBEE, ALAN	
STREET ADDRESS	501 E KENNEDY BLVD, 1700	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wooley, Jeffrey I.	
STREET ADDRESS	4636 N. Dale Mabry Highway	
CITY-ST-ZIP	Tampa, FL 33614	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gibson, Thomas R.	
STREET ADDRESS	1050 Westlakes Drive, Suite 300	
CITY-ST-ZIP	Berwyn, PA 19312-2421	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Decker, Thomas A.	
STREET ADDRESS	1050 Westlakes Drive, Suite 300	
CITY-ST-ZIP	Berwyn, PA 19312-2421	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tew, Douglas M.	
STREET ADDRESS	3800 W. Hillsborough Avenue	
CITY-ST-ZIP	Tampa, FL 33614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*D.M. Tew*  
**D.M. Tew**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/00

Date

(813) 872-7786

Daytime Phone #

CR2E034 (9/99)