

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90409 039 ***150.00

DOCUMENT # J41851

1. Entity Name
PRECISION NISSAN, INC.

Principal Place of Business
**4600 NO. DALE MABRY. #200
 TAMPA FL 33614**

Mailing Address
**4600 N DALE MABRY
 STE 200
 TAMPA FL 33614
 US**

UUU44112



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 **59-2734672**

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

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD
 PLANTATION FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
 NAME **WOOLEY, JEFFREY I**
 STREET ADDRESS **4636 N. DALE MABRY HWY**
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE **PD** Change Addition
 NAME **WOOLEY, JEFFREY I**
 STREET ADDRESS **4636 N DALE MABRY HWY**
 CITY-ST-ZIP **TAMPA FL 33614**

TITLE **VP** Delete
 NAME **GIBSON, THOMAS R**
 STREET ADDRESS **1050 WESTLAKES DR STE 300**
 CITY-ST-ZIP **BERWYN PA 19312**

TITLE **VD** Change Addition
 NAME **GIBSON, THOMAS R**
 STREET ADDRESS **200 BERWYN PARK, SUITE 111**
 CITY-ST-ZIP **BERWYN, PA 19312-1178**

TITLE **AS** Delete
 NAME **DECKER, THOMAS A**
 STREET ADDRESS **1050 WESTLKS DR STE 300**
 CITY-ST-ZIP **BERWYN PA 19312-2421**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** Delete
 NAME **TEW, DOUGLAS M**
 STREET ADDRESS **3800 W. HILLSBOROUGH AVE**
 CITY-ST-ZIP **TAMPA FL 33613**

TITLE **STD** Change Addition
 NAME **TEW, DOUGLAS M**
 STREET ADDRESS **4636 N DALE MABRY HWY**
 CITY-ST-ZIP **TAMPA FL 33614**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **KENDRICK, BRIAN**
 CITY-ST-ZIP **3 LANDMARK SQUARE SUITE 500 STAMFORD, CT 06901**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **AS**
 STREET ADDRESS **LEVY, ARTHUR**
 CITY-ST-ZIP **3 LANDMARK SQUARE SUITE 500 STAMFORD, CT 06901**

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: Jeffrey I. Wooley **Jeffrey I. Wooley** 04/13/01 (813)870-0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)