2002 Uniform Business Report (UBR)

Mar 15, 2002 8:00 am DOCUMENT # J41851 **Secretary of State** 1. Entity Name 03-15-2002 90006 039 ***150.00 PRECISION NISSAN, INC. Principal Place of Business Mailing Address 4600 N DALE MABRY 4600 NO. DALE MABRY. #200 STE 200 TAMPA FL 33614 TAMPA FL 33614 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2734672 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD **PLANTATION FL 33324** Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PD Delete TITLE ☐ Change ☐ Addition WOOLEY, JEFFREY I NAME NAME STREET ADDRESS STREET ADDRESS 4636 N. DALE MABRY HWY CITY-ST-ZIP **TAMPA FL 33613** CITY-ST-ZIP **VPD** ☐ Delete TITLE ☐ Change ☐ Addition NAME GIBSON, THOMAS R STREET ADDRESS STREET ADDRESS 200 BERWYN PARK SUITE 111 CITY-ST-ZIP BERWYN PA 19312-1178 CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition NAME TEW, DOUGLAS M STREET ADDRESS STREET ADDRESS 4636 N DALE MABRY HWY CITY-ST-ZIP TAMPA FL 33614 CITY-ST-ZIP TITLE XXDelete ☐ Change ☐ Addition NAME KENDRICK, BRIAN NAME STREET ADDRESS 3 LANDMARK SQUARE SUITE 500 STREET ADDRESS CITY-ST-ZIP STAMFORD CT 06901 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

Jeffrey I. Wooley AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/27/02

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.

(813) 870-0010 Date

Daytime Phone #

FILED

CR2E034 (9/01)