

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 02, 2003 8:00 am
Secretary of State

0460736 AV

04-02-2003 90389 023 ***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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

J. I. Wooley
Suite, Apt. #, etc.
4636 N. Dale Mabry Hwy

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

4. FEI Number **59-2734672**

Applied For
Not Applicable

Zip Country

Zip Country
33614 US

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

**NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE Change Addition
NAME **AS Burgess, Lynne A.**
STREET ADDRESS **3 Landmark Square, Suite 500**
CITY-ST-ZIP **Stamford, CT 06901**

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

TITLE Change Addition
NAME **D Gilman, Kenneth B.**
STREET ADDRESS **3 Landmark Square, Ste. 500**
CITY-ST-ZIP **Stamford, CT 06901**

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

TITLE Change Addition
NAME **CFOS 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 **VPD Gilman, Thomas F.**
STREET ADDRESS **3 Landmark Square, Ste. 500**
CITY-ST-ZIP **Stamford, CT 06901**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **VPD Frank, Robert D.**
STREET ADDRESS **3 Landmark Square, Ste. 500**
CITY-ST-ZIP **Stamford, CT 06901**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **AS Kessler, John L.**
STREET ADDRESS **3 Landmark Square, Ste. 500**
CITY-ST-ZIP **Stamford, CT 06901**

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *J. I. Wooley* **SIGNATURE REQUIRED** J. I. Wooley **3/27/03** **(813) 870-0010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)