

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J56839

1. Entity Name

PRECISION ALLOY CUTTING, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90058 024 ***150.00

Principal Place of Business

2911 BURKE ST
JAX FL 32254
US

Mailing Address

POST OFFICE BOX 6805
JACKSONVILLE FL 32236-6805
05

2. Principal Place of Business

2903 Burke St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

JAX. FL.

City & State

4. FEI Number

59-2775506

Applied For

Not Applicable

Zip

32254

Country

US

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

DEPETRIS, JAMES
2911 BURKE ST
JAX FL 32254

Name

DePetris James

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

2903 Burke St.

City

JAX.

FL

Zip Code

32254

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.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME DEPETRIS, JAMES
STREET ADDRESS 865 GATES STREET
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVST
NAME DEPETRIS, ANGELA R
STREET ADDRESS 865 GATES STREET
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

James Depetris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-2000

Date

904-381-1134

Daytime Phone #

CR2E034 (9/99)