## 2002 Uniform Business Report (UBR)

## Mar 28, 2002 8:00 am § Secretary of State **DOCUMENT #** J65808 1. Entity Name 03-28-2002 90150 001 \*\*\*150.00 ACCURATE GAGE & INSTRUMENTATION, INC. Principal Place of Business Mailing Address C/O JOHN H GERARD C/O JOHN H GERARD 220 VENUS STREET, SUITE 6 220 VENUS STREET, SUITE 6 JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address 4d0 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable Zip 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 GERARD, JOHN H Street Address (P.O. Box Number is Not Acceptable) 220 VENUS STREET SUITE 6 JUPITER FL 33458 City Zip Code FL 8. The above panel entire submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (9/01) Delete TITLE ☐ Change Addition NAME GERARD, JOHN H NAME STREET ADDRESS 220 VENUS STREET, SUITE 6 STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Defete TITLE THIF Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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

SIGNATURE:

changed, or on an artacl

**FILED**