FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90629 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90091820

DOCUMENT # J87689

1. Entity Name
M & S PRECISION COMPANY

Principal Place of Business: ~~2590 NW 4TH COURT FORT LAUDERDALE, FL 33311~~ US

Mailing Address: ~~2590 NW 4TH COURT FORT LAUDERDALE, FL 33311~~

2. Principal Place of Business: 1028 NW 44 Ct
Suite, Apt. #, etc.
City & State: Oakland Park, FL
Zip: 33334 Country: US

3. Mailing Address: 1028 NW 44 Ct
Suite, Apt. #, etc.
City & State: Oakland Park, FL
Zip: 33334 Country: US

X CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0021497 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AMBRICO, SALVATORE
~~2590 NW 4TH COURT~~
~~FORT LAUDERDALE, FL 33311~~

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number is Not Acceptable): 1028 NW 44 Ct.
City: Ft. Laud FL Zip Code: 33334

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: *Salvatore Ambrico*
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

[redacted]

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GENTILE, MICHAEL 2590 NW 4TH COURT FT LAUDERDALE, FL	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AMBRICO, SALVATORE ~~2590 NW 4TH COURT~~ ~~FT LAUDERDALE, FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1028 NW 44 Ct. Ft. Laud FL 33334	X Change ☐ Addition
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CR2E034 (10/02)

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: *Salvatore Ambrico*
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #