

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

0015193

DOCUMENT # L00000006154

1. Entity Name

PRECISE INFORMATION LLC

03-07-2002 90039 038 *****50.00

Principal Place of Business

**2501 LITTLE ROCK COURT
 WELLINGTON FL 33414**

Mailing Address

**2501 LITTLE ROCK COURT
 WELLINGTON FL 33414**

2. Principal Place of Business

15591 Milan CT

3. Mailing Address

15591 Milan CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1015792

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PERKOSKY, JOSEPH P
 2501 LITTLE ROCK CT
 WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name

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

15591 Milan CT

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.

SIGNATURE

[Signature]

Joseph P. Perkosky

2/25/2002

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
 NAME **PERKOSKY, JOSEPH P**
 STREET ADDRESS **2501 LITTLE ROCK CT. 15591 Milan CT**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **VP** ☐ Delete
 NAME **PERKOSKY, ELIZABETH**
 STREET ADDRESS **2501 LITTLE ROCK CT. 15591 Milan CT**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

Joseph P. Perkosky

2/25/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)