

2001 UNIFORM BUSINESS REPORT (UBR)

0018530 AF

DOCUMENT # L00000013862

1. Entity Name
PRECISION ROLLOUT AWNINGS, LLC.

FILED

01 APR 23 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
364 2ND STREET WEST
TIERRA VERDE FL 33715

Mailing Address
364 2ND STREET WEST
TIERRA VERDE FL 33715

2. Principal Place of Business

3. Mailing Address
c/o DONALD JOHNSON

Suite, Apt. #, etc.

Suite, Apt. #, etc.
2400 Winding Creek Blvd 18A-108

City & State

City & State
Clearwater, FL

4. FEI Number
59-3672187

Applied For
Not Applicable

Zip

Country

Zip
33761

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANZEK, MICHAEL J
364 2ND STREET WEST
TIERRA VERDE FL 33715

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.

SIGNATURE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Michael J. Franzek
364 2nd St
Tierra Verde, FL 33715 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700004133637-4
-05/03/01--01068--014
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Hans J. Schlereth
608 Bayshore Blvd. N.
Clearwater, FL 33759 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Donald R. Johnson
1770 Cherry Hill Rd
Grafton, NH 03240 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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: Donald R. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/18/01 888-722-0090
Date Daytime Phone #

CR2E083 (11/00)