

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90274 050 ****50.00

DOCUMENT # L00000013862

1. Entity Name

PRECISION ROLLOUT AWNINGS, LLC.

Principal Place of Business

**364 2ND STREET WEST
 TIERRA VERDE FL 33715**

Mailing Address

**C/O DONALD JOHNSON
 2400 WINDING CREEK BLVD 18A-108
 CLEARWATER FL 33761**

967700

2. Principal Place of Business

3. Mailing Address

364 2ND ST. WEST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TIERRA VERDE FL.

4. FEI Number

59-3672187

Applied For

Not Applicable

Zip

Country

Zip

Country

33715

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **FRANZEK, MICHAEL J**
 CITY-ST-ZIP **364 2ND ST
 TIERRA VERDE FL 33715**

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

TITLE ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **SCHLERETH, HANS J**
 CITY-ST-ZIP **608 BAYSHORE BLVD N
 CLEARWATER FL 33759**

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

TITLE ☐ Delete
 NAME **MGRM**
 STREET ADDRESS **JOHNSON, DONALD R**
 CITY-ST-ZIP **1770 CHERRY HILL RD
 GRAFTON NH 03240**

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

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: MICHAEL J. FRANZEK 5/1/02 (727) 864-3037
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)