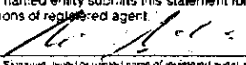
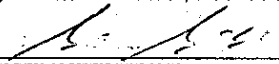


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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000017173			
1. Entity Name PRECISION 2000, LLC			
Principal Place of Business 2200 N. COMMERCE PARKWAY SUITE 206 WESTON, FL 33326		Mailing Address 2200 N. COMMERCE PARKWAY SUITE 206 WESTON, FL 33326	
2. Principal Place of Business 1205 LW 53 RD ST.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SURPRISE, FL		City & State	
Zip 33351	Country	Zip	Country
4. FEI Number 51-0423524		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SERRONE, ROBERT A ESQ. 2200 N. COMMERCE PARKWAY SUITE 206 WESTON, FL 33326		7. Name and Address of New Registered Agent Name SZABO LASZLO Street Address (P.O. Box Number is Not Acceptable) 1277 MAJESTIC TERR City WESTON FL Zip Code 33327	
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 		DATE 3/12/03	
Signature (typed or printed name of registered agent and title (if applicable))		(NOTE: Registered Agent's signature required when re-stating)	
FILE NOW!! FEE IS \$50.00 Make check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SZABO, LASZLO 1277 MAJESTIC TERRACE WESTON, FL 33327 ☐ 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
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 I 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 606, Florida Statutes.			
SIGNATURE: 		DATE 3/12/03 9547465490	
Signature and typed or printed name of signing managing member, manager, or authorized representative		Date Daytime Phone #	

CR2003 (10/02)

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