2003 FOR PROFIT CORPORATION

Mar 07, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** L32928 DOCUMENT # 1. Entity Name 03-07-2003 90125 034 ***150.00 Z PRECISION PRODUCTS, INC. Principal Place of Business Mailing Address C/O FRANK ZIDANSEK % FRANK ZIDANSEK TOUCKUL 1501 DECKER AVE. #309 1501 DECKER AVE., STE 309 STUART FL 34994 STUART FL 34994 US 2. Principal Place of Business 3. Mailing Address Suite, 'Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FE! Number Applied For 65-0160077 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent ZIDANSEK, FRANK Street Address (P.O. Box Number is Not Acceptable) 1501 DECKER AVE. SUITE 309 STUART FL 34994 City 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSVP** TITLE ☐ Delete TITLE Change ■ Addition ZIDANESK, FRANK NAME NAME 1501 DECKER AVE. #309 STREET ADDRESS STREET ADDRESS STUART FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Transporter, and destruction of the TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

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