FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 AUG 12 PM 4:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L58698

1. Entity Name

Precision Plastic Technology, Inc.

DO NOT WRITE IN THIS SPACE

07/03/03 90032 020 $150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
400 W. Comstock Ave.	400 W. Comstock Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Park, Fl	City & State: Winter Park, Fl
Zip: 32789 Country: Orange	Zip: 32789 Country: Orange

4. FEI Number: 59-3066081 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Ben G. Ellis III

Street Address (P.O. Box Number is Not Acceptable): 400 W. Comstock Ave.

City: Winter Park FL Zip Code: 32789

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ben G. Ellis III President 400 W. Comstock Ave. Winter Park, Fl. 32789	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 6-30-03 407 644-2991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #