

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L92559**

1. Entity Name

**PRECISION ANALOG SYSTEMS COMPANY****FILED****Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90044 035 \*\*\*150.00

Principal Place of Business  
7540 NW 5TH ST  
5  
PLANTATION FL 33317  
US

Mailing Address  
1021 SW 75TH AVE  
PLANTATION FL 33317



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7540 NW 5th Street		3. Mailing Address	
Suite, Apt. #, etc. Suite 2		Suite, Apt. #, etc.	
City & State Plantation, FL 3		City & State	
Zip 33317	Country USA	Zip	Country
4. FEI Number 65-0221156		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent****ARBUCKLE, LAWRENCE N.**  
**1021 SW 75TH AVE**  
**PLANTATION FL 33317****7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARBUCKLE, LAWRENCE N</b> <b>1021 SW 75TH AVE</b> <b>PLANTATION FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARBUCKLE, BARBARA L</b> <b>1021 SW 75TH AVE</b> <b>PLANTATION FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:***Barbara L. Arbuckle* **Barbara Arbuckle Director 4/2/01 954-587-0668**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)