

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005962

1. Entity Name
TURBO PRECISION, LLC

FILED

01 APR 12 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
900 EAST INDIANTOWN RD. STE 200
JUPITER FL 33477

Mailing Address
900 EAST INDIANTOWN RD. STE 200
JUPITER FL 33477



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0949083

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAAS, JOEL C
900 EAST INDIANTOWN ROAD, SUITE 200
JUPITER FL 33477

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HAAS, JOEL C
900 EAST INDIANTOWN RD, STE 200
JUPITER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
8000004076878--2
-04/25/01--01045--006
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HOWELL, MICHAEL D
900 EAST INDIANTOWN RD, STE 200
JUPITER FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WILLIAMS, CHRISTOPHER C
900 EAST INDIANTOWN RD, STE 200
JUPITER FL ☐ Delete

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

TITLE
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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: *Joel C Haas* JOEL C HAAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/10/2001

Date

561-747-6107

Daytime Phone #

0015743
AT

CR2E083 (11/00)