

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-22-2002 90069 005 ****50.00

DOCUMENT # L99000005962

1. Entity Name

TURBO PRECISION, LLC

Principal Place of Business

**900 EAST INDIANTOWN RD. STE 200
JUPITER FL 33477**

Mailing Address

**900 EAST INDIANTOWN RD. STE 200
JUPITER FL 33477**

92032

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0949083

Applied For

Not Applicable

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

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGRM						
	HAAS, JOEL C						
	900 EAST INDIANTOWN RD, STE 200						
	JUPITER FL						
	<input type="checkbox"/> Delete						
	MGRM						
	HOWELL, MICHAEL D						
	900 EAST INDIANTOWN RD, STE 200						
	JUPITER FL						
	<input type="checkbox"/> Delete						
	MGRM						
	WILLIAMS, CHRISTOPHER C						
	900 EAST INDIANTOWN RD, STE 200						
	JUPITER FL						
	<input type="checkbox"/> Delete						
	<input type="checkbox"/> Delete						
	<input type="checkbox"/> Delete						
	<input type="checkbox"/> Delete						

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:

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

Date

Daytime Phone #

CR2E083 (9/01)