FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUN -7 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000095589

1. Entity Name
FLORIDA CALIBRATION SERVICES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10540 RIDGE Rd
Suite, Apt. #, etc.
NEW PORT RICHEY FL
Zip 34654
County PASCO

3. Mailing Address
PO Box 1473
Suite, Apt. #, etc.
PORT RICHEY FL
Zip 34673
Country PASCO

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3660605
Applied For ☐ Not Applicable ☐

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

7. Name and Address of Current Registered Agent
Name
ANTHONY M BARBERA
Street Address (P.O. Box Number is Not Acceptable)
11425 FORT KING Rd
City DADE CITY FL FL Zip Code 33525-1

DO NOT WRITE IN THIS SPACE

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 Anthony M Barbera (Attach additional sheet if necessary)
DATE 6-4-02

9. This corporation is eligible to satisfy its insignia tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 thru May 1, Fee is $150.00
After May 1, Penalty exceeds
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fee

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT
NAME ANTHONY M BARBERA
STREET ADDRESS 11425 FORT KING Rd
CITY-ST-ZIP DADE CITY FL 33525

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CR2E034B (12/01)

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 11 above or in attachment with an address, with all other like empowered.

SIGNATURE: Lesley Wlock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02
Date

ASSISTANT ADMINISTRATOR
Title if any