## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0000035821 1. Entity Name PRECISION TIME WORKS, INC.

Principal Place of Business

Mailing Address

440 BRIDLE PATH WAY TARPON SPRINGS FL 34689

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PMB #183

36181 EAST LAKE ROAD PALM HARBOR FL 34685

Suite, Apt. #, etc.

City & State

Zip

2. Principal Place of Business

Suite, Apt. #, etc.

Zip

34689

3. Mailing Address

440 BRIDLE

City & State TARFON

SPRINGS

Country USA 4. FEI Number 59 - 3637015

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

DISMUKE, W. BRENT 440 BRIDLE PATH WAY TARPON SPRINGS FL 34689

6. Name and Address of Current Registered Agent

Country

Name

Street Address (P.O. Box Number is Not Acceptable)

City

(NOTE: Registered Agent signature required when reinstating)

FL

DATE

FILED

Apr 30, 2001 8:00 am Secretary of State

04-30-2001 90118 018 \*\*\*150.00

B0041628

DO NOT WRITE IN THIS SPACE

Zip Code

\$8.75 Additional

Fee Required

Applied For

Not Applicable

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

(See criteria on back)

Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change Change ☐ Delete TITLE TITLE D P/T/OK NAME SMUKE, W. BRENT NAME DISMUKE, W. BRENT STREET ADDRESS STREET ADDRESS 440 BRIDLE PATH WAY 440 BRIDLE PATH WAY CITY-ST-ZIP CITY-ST-ZIP TARDON SPRINGS. TARPON SPRINGS FL 34689 ☐ Delete TITLE Change 🔀 □ Addition TITLE NAME DISMUKE, PAIGE N NAME MUKE, PAIME N DERIDLE PATH WAY STREET ADDRESS STREET ADDRESS 440 BRIDLE PATH WAY CITY-ST-ZIP CITY-ST-7IP PON SPRINGS FL TARPON SPRINGS\_FL 34689 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

W. BRENT DISMUKE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR