

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000042759**

1. Entity Name

PRECISION MACHINE & WELDING, INC.**FILED****Apr 25, 2001 8:00 am**
Secretary of State

04-25-2001 90058 025 ***150.00

Principal Place of Business 129 SOUTH COMMERCE AVE. SEBRING FL 33870	Mailing Address 129 SOUTH COMMERCE AVE. SEBRING FL 33870
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2. Principal Place of Business 3131 U.S. 27 South Suite, Apt. #, etc.	3. Mailing Address 3131 U.S. 27 South Suite, Apt. #, etc.
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City & State Sebring, Fla. Zip 33870 Country Highlands	City & State Sebring Fla. Zip 33870 Country Highlands
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6. Name and Address of Current Registered Agent

MCCOLLUM, JAMES F 129 SOUTH COMMERCE AVE. SEBRING FL 33870
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4. FEI Number 65-1001237	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. 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	D GRANT, LARRY J 3131 U.S. 27 SOUTH SEBRING FL 33870 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-20-01 863-382-8788

CR2E034 (10/00)