~ 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000043170

1. Entity Name

PRECISION REALTY SERVICES CORPORATION

Principal Place of Business

Mailing Address

440 RRIDLE PATH WAY

36181 E LAKE ROAD PMB 183

FILED Apr 30, 2001 8:00 am Secretary of State 04-30-2001 90118 019 ***150.00

TAMPA FL 34698				PALM HARBOR FL 34685				, =, o			
2. Principal Pl	lace of Busine	ess	1	3. Mailing Address	i						
440 BRIDLE PATH WAY				440 BRIDLE PATH WAY				(#41(##) (/) ##)(## () ##()) ##	.,,,,,		941 BB41 1981
Suite, Apt.	#, etc.		/	Suite, Apt. #, etc	i.	/		DO NOT WE	RITE IN THIS	SPACE	
City & State	e ,			City & State			4.	FEI Number		Ap	plied For
TARPO	on Spa	-IN Opes, 1	Fe-	TARPON	SPRIN	40, F	<u> </u>	59-364401	2-		t Applicable
Zip 3468	•	Country Country		Zip 34689	C	Country COSA		Certificate of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of	Current Re	gistered Agent		Name	7.	Name and Address of New	Registered	Agent	
DIOM		MELIT.				Ivaille					
DISMUKE, W BRENT 440 BRIDLE PATH WAY				Street Address			ddress (P.O.	s (P.O. Box Number is Not Acceptable)			
	PA FL 3469							<u>-</u> -			
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						City	ARPON	SPRINGE	FI	Zip Cod	-687 -
8. The above	named entity	submits this stat	tement for th	e purpose of chang	ging its regi	istered office or	r registered a	agent, or both, in the State of	Florida.		
SIGNATURE _					(NOTE D	::	use specific district	- coinctoting\	DATE	· · ·	
	Signature, typed o	or printed name of regis	tered agent and t	itle if applicable.	(NOTE: Heg	jistered Agent signati	ure required when	reinstating)	DATE		
•		ole to satisfy its li	-			EE IS \$150.		10. Election Campaign i	Financing	\$5.0	О мау Ве
i ax filing r	equirement a	nd elects to do s	o.	Atter MA1	ו רוווול די	Fee will be \$5	550.00	Trust Fund Contribut		☐ Added	to Fees
(See criter)	ia on back)				•			Trust Fulla Contribu	tion.	⊔ Added	
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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

W. BRENT DISMURE