

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000046407

1. Entity Name  
PRECISION POWER INTERNATIONAL, INC.

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**

05-12-2001 90047 003 \*\*\*158.75

Principal Place of Business

Mailing Address

~~11952 REEDY CREEK DR., #101~~  
~~ORLANDO FL 32836~~

~~11952 REEDY CREEK DR., #101~~  
~~ORLANDO FL 32836~~

2. Principal Place of Business

3193 - ARROWHEAD LN

3. Mailing Address

3193 ARROWHEAD LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

4. FEI Number

59-3646422

Applied For

Not Applicable

Zip

34746

Country

OSCEOLA

Zip

34746

Country

OSCEOLA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GHOUSE, AZAM

~~11952 REEDY CREEK DR., #101~~  
~~ORLANDO FL 32836~~

Name

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

3193 - ARROWHEAD LN

City

KISSIMMEE

FL

Zip Code

34746

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

9. 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 State**

10. 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 ☐ Delete  
NAME D  
STREET ADDRESS GHOUSE, AZAM  
CITY-ST-ZIP ~~11952 REEDY CREEK DR., #101~~  
~~ORLANDO FL 32836~~

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3193 ARROWHEAD LN  
CITY-ST-ZIP KISSIMMEE FL. 34746

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SHAIKH, ASRAR  
CITY-ST-ZIP 3193 Arrowhead Ln  
KISSIMMEE, FL, 34746

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SHAIKH, IFTKHAR  
CITY-ST-ZIP 3193 ARROWHEAD LN  
KISSIMMEE, FL, 34746

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 affidavit, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 341-4330

CR2E034 (10/00)