2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91151 041 ***150.00

DOCUMENT # P00000047266

1. Entity Name
Precision Placement Services, Inc.

Principal Place of Business
Ormond Beach, FL 32174

Mailing Address
Same

2. Principal Place of Business	3. Mailing Address
2 Tidewater Drive	2 Tidewater Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ormond Beach, FL	City & State: Ormond Beach, FL
Zip: 32174 — Country: Volusia	Zip: 32174 — Country: Volusia

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3648602 — Applied For / Not Applicable

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
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.

[redacted] Signature, typed or printed name of registered agent and title if applicable — Linda Harris Kuhn (NOTE: Registered Agent signature required when reinstating) — DATE

9. Capital Contributions as Shown on record

10. Amount of Capital Contributions in FLORIDA to date

11. MAKE CHECK PAYABLE TO DEPT. OF STATE — SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	Linda Harris Kuhn P,S 2 Tidewater Drive Ormond Beach, FL 32174	STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	William Kuhn VP,T 2 Tidewater Drive Ormond Beach, FL 32174	STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Linda Kuhn Linda H. Kuhn 4-26-02 386 677 8557