

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90126 008 \*\*\*158.75

**DOCUMENT # P00000068384**

**1. Entity Name**  
**INTERPRECISION TECHNOLOGY, INC.**

**Principal Place of Business**

**775 OAKLAND HILLS CIRCLE, #211**  
**LAKE MARY FL 32746**

**Mailing Address**

**775 OAKLAND HILLS CIRCLE, #211**  
**LAKE MARY FL 32746**

**2. Principal Place of Business**

**316 WINDHAVEN LANE**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**316 WINDHAVEN LANE**  
 Suite, Apt. #, etc.

**City & State**

**NEW SMYRNA BEACH, FL**

**City & State**

**NEW SMYRNA BEACH, FL**

**Zip**

**32168**

**Country**

**US**

**Zip**

**32168**

**Country**

**US**

**4. FEI Number**

**59-3658134**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☒

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BEVILACQUA, JOYCE H**

**775 OAKLAND HILLS CIRCLE, #211**  
**LAKE MARY FL 32746**

**7. Name and Address of New Registered Agent**

**Name**

**BEVILACQUA, JOYCE H**

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

**316 WINDHAVEN LANE**

**City**

**NEW SMYRNA BEACH**

**FL**

**Zip Code**

**32168**

**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]*

**JOYCE BEVILACQUA**

**25 JAN 02**

Signature, typed or printed name of registered agent and fee 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, 2002 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**

**TITLE** **P** ☐ Delete  
**NAME** **BEVILACQUA, JOYCE H**  
**STREET ADDRESS** **775 OAKLAND HILLS CIRCLE, #211**  
**CITY-ST-ZIP** **LAKE MARY FL 32746**

**TITLE** **VP** ☐ Delete  
**NAME** **SMITH, GRETCHEN K**  
**STREET ADDRESS** **2225 131 AVE APT 2904**  
**CITY-ST-ZIP** **TAMPA FL 33612**

**TITLE** **ST** ☒ Delete  
**NAME** **CURIONE, THOMAS N**  
**STREET ADDRESS** **775 OAKLAND HILLS CIRCLE #211**  
**CITY-ST-ZIP** **LAKE MARY FL 32746**

**TITLE** **ST** ☐ Delete  
**NAME** **LAWRANCE G. NEILL**  
**STREET ADDRESS** **3689 SCOTCH PINE LANE**  
**CITY-ST-ZIP** **ORMOND BEACH, FL 32174-8628**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **316 WINDHAVEN LANE**  
**CITY-ST-ZIP** **NEW SMYRNA BEACH, FL 32168**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **3011 KINGSWOOD DRIVE**  
**CITY-ST-ZIP** **TAMPA, FL 33619**

**TITLE** ☒ Change ☐ Addition  
**NAME** **ST**  
**STREET ADDRESS** **LAWRANCE G. NEILL**  
**CITY-ST-ZIP** **3689 SCOTCH PINE LANE**  
**ORMOND BEACH, FL 32174-8628**

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

**TITLE** ☐ Change ☐ Addition  
**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 address, with all other like empowered.**

**SIGNATURE:**

*[Signature]* **JOYCE H. BEVILACQUA**

**25 JAN 02**

**407 701 0615**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)