## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P01000006837 DOCUMENT #

1. Entity Name

PRECISION TECHNOLOGY GROUP, INC.



## **FILED** Mar 17, 2003 8:00 am § Secretary of State

03-17-2003 91062 034 \*\*\*150.00

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7015 PROFESSIONAL PARKWAY EAST 7015 PRO		PROFESSIONAL PARKWAY EAST			* 148 (148 (11 APIRI (12) AR)(1 AZ)(1 PRIN AR)(1 A	))  <b>                                   </b>	) <b>nn</b> ()(() ( <b>se</b> ) ( <b>32</b> )	
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2. Principal Place of Business		3. Mailing Address				III BIIUI IU	IBB (501) 1981 1981	
		· · · · · · · · · · · · · · · · · · ·	NGTON BL	VD.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number CF_4070070 Applied For			
	SA	RASOTA, F	LORIDA				Not Applicable	
Country			Country	5.				
6. Name and Address of Curr				7.	Name and Address of New Registered A	gent .		
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PATTERSON, JOHN			Street A	Street Address (P.O. Boy Number is Not Acceptable)				
H WASHINGTON BOULEVARD			Giracti		- Total Book of the Control of the C			
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SUITE 1 SARASOTA FL 34236			City	City Zip Code				
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	FAST		STREET ADDRESS					
SARASOTA FL 34240			CITY-ST-ZIP					
	Country  6. Name and Address of Curion  7. A FL 34236  e named entity submits this statemetions of registered agent.  Signature, typed or printed name of registered agent.  FILE NOW!!! FEE IS \$150.00  F. May 1, 2003 Fee will be \$550  K Payable to Florida Department  COX, JOHN J  7015 PROFESSIONAL PKWY  SARASOTA FL 34240  PVST  COX, III, JOHN J  7015 PROFESSIONAL PKWY	SIONAL PARKWAY EAST L 34240  Place of Business  3. Ma 46 #, etc.  Sui #1  Country  Country  Country  Country  Country  A 46  Name and Address of Current Register  ON, JOHN H WASHINGTON BOULEVARD  TA FL 34236  e named entity submits this statement for the purplions of registered agent.  Signature, typed or printed name of registered agent and title if applications of registered agent.  Signature, typed or printed name of registered agent and title if applications of registered agent.  OFFICERS AND DIRECTO  PD  COX, JOHN J  7015 PROFESSIONAL PKWY EAST  SARASOTA FL 34240  PVST  COX, III, JOHN J  7015 PROFESSIONAL PKWY EAST	SIONAL PARKWAY EAST L 34240  Place of Business  3. Mailing Address 46 N. WASHI Business  46 N. WASHI Business  46 N. WASHI Business  46 N. WASHI Business  Country  City & State SARASOTA, F  Zip 34236  6. Name and Address of Current Registered Agent  ON, JOHN H WASHINGTON BOULEVARD  TA FL 34236  Prayable or printed name of registered agent and title if applicable.  Signature, typed or printed name of registered agent and title if applicable.  Signature, typed or printed name of registered agent and title if applicable.  FILE NOW!!! FEE IS \$150.00  Tymay 1, 2003 Fee will be \$550.00  K Payable to Florida Department of State  OFFICERS AND DIRECTORS  PD  COX, JOHN J  7015 PROFESSIONAL PKWY EAST  SARASOTA FL 34240  PVST  Delete  COX, III, JOHN J  7015 PROFESSIONAL PKWY EAST	Mailing Address SIONAL PARKWAY EAST L 34240  Place of Business  3. Mailing Address 46 N. WASHINGTON BI Business  #, etc.  # 1  City & State SARASOTA F LORIDA  Country  Zip Country  Zip A 2 2 3 6  6. Name and Address of Current Registered Agent  Name ON, JOHN H WASHINGTON BOULEVARD  TA FL 34236  City City City City City City City Cit	SIONAL PARKWAY EAST L 34240  SARASOTA FL 34240  Place of Business  3. Mailing Address 46 N. WASHINGTON BLVD.  #, etc.  Suite, Apt. #, etc.  #1  Country  Zip 34236  6. Name and Address of Current Registered Agent  Name  ON, JOHN  H WASHINGTON BOULEVARD  TA FL 34236  City  Street Address (P.O. In the purpose of changing its registered agent and title if applicable.  Signature, typed or printed name of registered agent and title if applicable.  Signature, byped or printed name of registered agent and title if applicable.  Signature, byped or printed name of registered agent and title if applicable.  Signature, byped or printed name of registered agent and title if applicable.  Signature, byped or printed name of registered agent and title if applicable.  Signature, byped or printed name of registered agent and title if applicable.  Signature, byped or printed name of registered agent and title if applicable.  Signature, byped or printed name of registered agent and title if applicable.  Signature, byped or printed name of registered agent and title if applicable.  Signature, byped or printed name of registered agent and title if applicable.  Signature, byped or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when the name of registered agent and title if applicable.  Signature, byped or printed name of registered agent and title if applicable.  Signature, byped or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when it is applicable.  Signature, byped or printed name of registered agent and title if applicable.  Signature, byped or printed name of registered agent and title if applicable.  Signature, byped or printed name of registered agent and title if applicable.  INTILE  D	Mailing Address SIONAL PARKWAY EAST L 34240  Place of Business  3. Mailing Address Y015 PROFESSIONAL PARKWAY EAST SARASOTA FL 34240  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State SARASOTA FLORIDA  Country  Country  Country  Country  A 276  6. Name and Address of Current Registered Agent  Name  ON, JOHN H WASHINGTON BOULEVARD  A FL 34236  City **  City	Mailing Address SIGNAL PARKWAY EAST 17015 PROFESSIONAL PARKWAY EAST SARASOTA FL 3420  3. Mailing Address 46 N. WASHINGTON BLVD.  Suite, Apr. #, etc.  City & State  Country  Zip 34236  Country  Street Address of Current Registered Agent  Name and Address of Current Registered Agent  Name  ON, JOHN  H WASHINGTON BOULEVARD  A FL 34236  City  FL  Street Address (P.O. Box Number is Not Acceptable)  To purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar without of registered agent.  Signature, bysed or printed name of registered some and title it applicable.  WOTE Registered Agent signature required when reinstating)  DATE  RILE NOW!!! FEE IS \$150.00  (*May 1, 2003 Fee will be \$550.00  (*May 1, 2003 Fee will be \$650.00  (*May 1, 2003 Fee will b	

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

12. I hereby certify that the information supplied with this filing do indicated on this report or supplemental report is true and according to the corporation or the receiver or trustee employeers. toes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information occurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director excurse this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with

TITLE

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**SIGNATURE:** 

TITLE

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(941)907-9099

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