

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

FILED
Sep 26, 2002 8:00 am
Secretary of State

09-26-2002 90100 008 ***150.00

DOCUMENT # *PD1000032292*

1. Entity Name

Southwest Precision Company ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

706 17th Street East

Suite, Apt. #, etc.

Unit E

3. Mailing Address

Suite, Apt. #, etc.

City & State

Palmetto FL

City & State

4. FEI Number

65-1092115

Applied For

Not Applicable

Zip

Country

Zip

Country

34221

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Robert W. Hendrickson III

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

1206 Manatee Av West

City

Bradenton

FL

Zip Code

34205

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
*President
Adrian Torrealba
805 PONDOSA PIKE N. Sarasota
FL 34243*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*Maureen Proper
1410 25th Str West
Bradenton FL 34205*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Adrian Torrealba
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-23-02 (941)
232 1236
Daytime Phone #

CR2E034B (12/01)