

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90154 005 \*\*\*550.00

**DOCUMENT # P01000033671**

1. Entity Name  
**SOUTHERN PRECISION BEARINGS, INC.**

Principal Place of Business

**763 NORTHLAKE BLVD  
 TARPON SPRINGS FL 34689**

Mailing Address

**763 NORTHLAKE BLVD  
 TARPON SPRINGS FL 34689**

2. Principal Place of Business

**2939 46th AVE. N.  
 Suite, Apt. #, etc.**

3. Mailing Address

**2939 46th AVE. N.  
 Suite, Apt. #, etc.**

City & State

**St Petersburg FL**

City & State

**St Petersburg FL**

4. FEI Number

**59-3711015**

Applied For

Not Applicable

Zip

**33714**

Country

**USA**

Zip

**33714**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**LUND, CLAUDIA J  
 2939 46TH AVE., NORTH  
 ST PETERSBURG FL 33714**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

**CLAUDIA J. LUND**

**7-17-02**

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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 **S** ☒ Delete  
 NAME **CARLSON, SUSAN W**  
 STREET ADDRESS **150 2 AVE N, STE 1100**  
 CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE **President** ☐ Delete  
 NAME **Mary W. Janisch**  
 STREET ADDRESS **763 Northlake Blvd.**  
 CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE **Vice President** ☐ Delete  
 NAME **Edwin J. Janisch**  
 STREET ADDRESS **763 Northlake Blvd.**  
 CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE **Treasurer** ☐ Delete  
 NAME **William R. Lund**  
 STREET ADDRESS **4600 Slash Pine Lane NE.**  
 CITY-ST-ZIP **St Petersburg, FL 33703**

TITLE **Secretary** ☐ Delete  
 NAME **Claudia J. Lund**  
 STREET ADDRESS **4600 Slash Pine Lane NE.**  
 CITY-ST-ZIP **St Petersburg, FL 33703**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
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 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]* **CLAUDIA J. LUND**

**7-17-02**

**727-528-0078**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)