

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90087 048 ***150.00

DOCUMENT # P01000033671

1. Entity Name
SOUTHERN PRECISION BEARINGS, INC.



Principal Place of Business
**2939 46TH AVE N
SAINT PETERSBURG FL 33714**

Mailing Address
**2939 46TH AVE N
SAINT PETERSBURG FL 33714**

90000901



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3711015

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

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

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, typed or printed name of registered agent and title if applicable.

CLAUDIA J. LUND, SECRETARY

1/12/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	JANISCH, MARY W 763 NORTHLAKE BLVD TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete	
VP	JANISCH, EDWIN J 763 NORTH LAKE BLVD TARPON SPRINGS FL 34689	<input type="checkbox"/> Delete	
T	LUND, WILLIAM R 4650 SLASH PINE LANE NE SAINT PETERSBURG FL 33703	<input type="checkbox"/> Delete	
S	LUND, CLAUDIE J 4650 SLASH PINE LANE NIE SAINT PETERSBURG FL 33703	<input type="checkbox"/> Delete	
		<input type="checkbox"/> Delete	
		<input type="checkbox"/> Delete	
		<input type="checkbox"/> Delete	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CLAUDIA J. LUND
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/03 727-528-0078
Date Daytime Phone #