2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000052214 **DOCUMENT #**

1. Entity Name

PRECISION BUILDING COMPONENTS, INC.



Apr 28, 2003 8:00 am Secretary of State
04-28-2003 90325 019 ***150.00

Principal Place of Business 8613 VILLA LARGO DR		Mailing Address 8613 VILLA LARGO DR											
TAMPA FL 33614			TAMPA FL 33614										
2. Principal P	lace of Business	3. Mailir	3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES						
City & Stat	e ·	City & State				4. F	4. FEI Number 59-3725804				<u> </u>	oplied For ot Applicable	
Zip	Country Zip			Country							8.75 Ad ee Require		
6. Name and Address of Current Registered Agent						7. N	lame and Ac	idress of N	lew Regis	tered Aç	ent		
				N	Name								
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE				Si	Street Address (P.O. Box Number is Not Acceptable)								
-	ABLES FL 33134					the state of the s							
·					ity					FL	Zip Coo		
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. (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						[on Campai Fund Contr	-	ing 🔲		May Be to Fees	
10. OFFICERS AND DIRECTORS						I	DITIONS/CH	IANGES TO	OFFICER	RS AND F	IRECTOR	S IN 11	
TÌR€	P	3 13 11 12 13 13 13	☐ Delete	11.			27110110701	,	011102		Change	Addition	
NAME	MUNOZ, AUGUSTO J		□ Deierē	NAME						,			
STREET ADDRESS	8613 VILLA LARGO DR	e en e	STREET ADDRESS						- - · · ·		_		
CITY-ST-ZIP	TAMPA FL 33614			CITY-ST-Z)P				• • • •	\ <u>-</u>	·		
TITLE			Delete	TITLE						Ţ	Change	☐ Addition	
NAME				NAME	- 1								
STREET ADDRESS				STREET AD	- 1								
CITY-ST-ZIP				CITY-ST-2	IP								
TITLE			Delete	TITLE	l					l	Change	☐ Addition	
NAME				NAME	DDECC								
STREET ADDRESS CITY-ST-ZIP				STREET AD CITY-ST-Z									
				_					 .		T Change	Addition	
TITLE NAME			☐ Delete	TITLE Name						l	Change	Addition	
STREET ADDRESS				STREET AD	DRESS								
CITY-ST-ZIP				CITY-ST-Z								}	
TITLE		•	☐ Delete	TITLE							Change	Addition	
NAME			2 5000	NAME						•		_ }	
STREET ADDRESS				STREET AD	DRESS								
CITY-ST-ZIP				CITY-ST-Z	(IP								
TITLE			☐ Delete	TITLE						[Change	Addition	
NAME				NAME									
STREET ADDRESS				STREET AD									
CITY-ST-ZIP	~ .=			_CITY-ST-Z	IP_				_			j	

12. Thereby 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: