

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

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90912 041 ***150.00

DOCUMENT # P01000059534

1. Entity Name

PRECISION AIRWORKS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6844 HOWALT DR.

Suite, Apt. #, etc.

3. Mailing Address

6844 HOWALT DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

02-0569090

Applied For

Not Applicable

Zip

32277

Country

DUVAL

Zip

32277

Country

DUVAL

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

KEVIN A. BRICE

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

6844 HOWALT DR.

City

JACKSONVILLE

FL

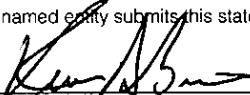
Zip Code

32277

**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



KEVIN A. BRICE, PRESIDENT, PRECISION AIRWORKS INC. 04-11-2002

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

P

NAME

KEVIN A. BRICE

STREET ADDRESS

6844 HOWALT DR.

CITY-ST-ZIP

JACKSONVILLE, FL 32277

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

VP

NAME

SHAWN M. MCGEEKEE

STREET ADDRESS

12311 KENSINGTON LAKES DR. #2503

CITY-ST-ZIP

JACKSONVILLE, FL 32246

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

S

NAME

IAN MACKINNON

STREET ADDRESS

1 CRAWFORD CT.

CITY-ST-ZIP

PORTSMOUTH, VA 23704

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SHAWN M. MCGEEKEE VICE PRESIDENT

04/11/2002 904-534-3261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)