

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90087 027 \*\*\*150.00

**DOCUMENT # P01000088011**

1. Entity Name  
**PRECISION CRAFTSMEN, INC.**

Principal Place of Business

**3349 CANTRELL STREET  
HOLIDAY FL 34690**

Mailing Address

**3349 CANTRELL STREET  
HOLIDAY FL 34690**

500074



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9430 DELRAY DR.**

3. Mailing Address

**9430 DELRAY DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**NEW PORT RICHEY FL**

City & State

**NEWPORT RICHEY**

4. FEI Number

**59-3744425**

Applied For

Not Applicable

Zip

**34654**

Country

**USA**

Zip

**34654**

Country

**USA**

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHELTON, JAMES C  
3349 CANTRELL STREET  
HOLIDAY FL 34690**

7. Name and Address of New Registered Agent

Name **JED C SUDWEEKS**

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

**9430 DELRAY DR.**

**NEW PORT RICHEY**

City

**FL**

Zip Code **34654**

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 *Jed C Sudweeks*

**PRESIDENT JED C SUDWEEKS**

**4/24/02**

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 \$150.00  
After May 1, 2002 Fee will be \$550.00  
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 **DPS** ☐ Delete  
NAME **SUDWEEKS, JED C**  
STREET ADDRESS **9430 DELRAY DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **DVT** ☒ Delete  
NAME **SHELTON, JAMES C**  
STREET ADDRESS **3349 CANTRELL STREET**  
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition  
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:

*Jed C Sudweeks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT JED C SUDWEEKS 727-421-6578**

Date

Daytime Phone #

CR2E034 (9/01)